*-APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENTALE STATE Jim Smith

Secretary of State DIVISION OF TORPORATIONS

DOCUMENT #	P0000010844	5
		_

1. Corporation Name

EDL CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

522 N.W. 32ND PLACE

522 N.W. 32ND PLACE



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i'lif above a	addresses are incorrect in any way, line	through incorrect in	nformation and ent	ter correction below.				
New Principal Office Address, If Applicable 3. New Mail Suite, Apt. #, etc. Suite, Apt. #		ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 11/21/2000				
		Suite, Apt. #,	Suite, Apt. #, etc.		5. FEI Number 65-1057690		Applied For	
		City & State						t Applicable
Zip	Country	Zip-		intry	6. CERTIFICATE	OF STATUS DESIRED (1) \$8	75 Additional for a Certificat	Fee required e of Status
7. Names	and Street Addresses of Each Officer ar	nd/or Director (Flo	rida nonprofit corp	orations must list at le	east 3 directors)			
Title(s) 1	e(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
D DIAZ, LOURDES M			522 N.W. 32ND PLACE			MIAMI FL 33125		
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8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
DIAZ, LOURDES M 522 N.W. 32ND PLACE			Street Address (P.O. Box Number is Not Acceptable)				_	
MIAM	FL-33125		سييد بيعبه يعبسنين	Suite, Apt. #, Etc	c. ~ ~ ~		. 	=
				City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

SIGNATURE:

Signature of Registered Agent



REGISTERED AGENT MUST SIGN

205649566d 2-6-03 7864871226

2-6-03

eso- 241- 6014

2-6-03

TO: Florida Department of States

522 NW 32PC

Minni, K 33120



TO WHOM IT MAY CONCERN'

As PER YOUR REQUEST Please Find Riteck# 1074

For \$150.00 TO Reinstatis This Corporation.

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