

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 27 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PD1000015661*

1. Corporation Name

LOMAS CONSTRUCTION GROUP, INC.

15499 HARDING LANE
15499 HARDING LANE

2. Principal Office Address

15499 HARDING LANE

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

Zip

33033

Country

USA

3. Mailing Office Address

15499 HARDING LANE

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

Zip

33033

Country

USA

REINSTATEMENT *03-04*

**4. Date Incorporated or Qualified
To Do Business in Florida** 02/12/01 *MRS*

5. FEI Number
65-0856674

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SERAFIN MENDEZ

Street Address (P.O. Box Number is Not Acceptable)

15499 HARDING LANE

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33033

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date *5-26-04*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/D	SERAFIN MENDEZ	15499 HARDING LANE	HOMESTEAD FL 33033
			100037730991 06/07/04 01070 010 ***908.75

10. 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 filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-26-04

Daytime Phone #