

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 30 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000043767**

1. Corporation Name

MUNOZ & MUNOZ CONSTRUCTION, INC.

500009766915
12/31/02--01053--001 **150.00

2. Principal Office Address

4810 JEANETTE CT.

3. Mailing Office Address

4810 JEANETTE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. CLOUD, FLORIDA

City & State

ST. CLOUD, FLORIDA

Zip

34771

Country

USA

Zip

34771

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/30/01

5. FEI Number

59-3717181

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

WILFREDO MUNOZ

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

4810 JEANETTE CT.

Suite, Apt. #, Etc.

City

ST. CLOUD

State

FL

Zip Code

34771

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **12/13/2002**

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	WILFREDO MUNOZ	4810 JEANETTE CT.	ST. CLOUD, FL 34771

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]

WILFREDO MUNOZ, PRES.

12/13/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

98 1/3



MUNOZ & MUNOZ CONSTRUCTION INC.

4810 JEANETTE CT.

ST. CLOUD, FL 34771

December 13, 2002

Department of State
Division of Corporation
PO BOX 6327
Tallahassee, FL 33196

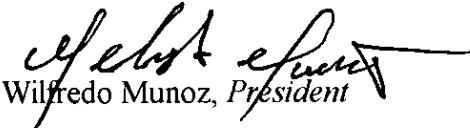
Mr. Dunlap:

While talking to a financial advisor concerning my company, it came to my attention that my company has been closed. I learned that this was due to the fact that I did not renew my company with the state of Florida. Yet, I had no clue that this was a necessary step in maintaining a company in this state.

I never received any documentation concerning this matter, in the past or present. When I called your department, I was told that I needed to send in a completed corporation reinstatement form with a check for the fee of \$150.00. Both of these are enclosed.

I would be obliged if this matter could be taken care of promptly. If you have any concerns or questions, please feel free to contact myself at the location above.

Respectfully,


Wilfredo Munoz, President