

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 13 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000050314

1. Corporation Name

KEYSTONE CONSTRUCTION GROUP, INC.

300166066563
01/13/10--01034--009 **1093.75

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
4535 Ponce de Leon Blvd

Suite, Apt. #, etc.

3. Mailing Office Address
4535 Ponce de Leon Blvd

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida **05/21/2001**

5. FEI Number
65-1106335

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

LAW CENTER OF THE AMERICAS, LLC.

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

201 S. Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 800

City

MIAMI

State

FL

Zip Code

33131

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date **01/11/2010**

REGISTERED AGENT MUST SIGN

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/D | RENE DIAZ DE VILLEGAS | 4535 Ponce de Leon Blvd | Coral Gables, FL 33146 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

RH

10. E-mail Address:

(To be used for future annual report notification)

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 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. I further certify, 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:

PRESIDENT

01/11/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #