## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

13

CORPORATION REINSTATEMENT			Seci	PARTMENT OF STATE retary of State of Corporations	O4 APR -9 AM 10: 18  CALLANASSEE, FLORIDA					
DOCU 1. Corporati		P01000056659				FALL AHAS:	BEE. FLORIDA			
ALFA C	ONSTRUCT	TION, INC								
2. Principal 5137 VIC	Office Address		3. Malling Office 5137 VIOLET		800032272718 04/03/0401036015 **900.00					
Suite, Apt. #,	, etc.		Suite, Apt. #, etc.				· · · · ·			
City & State			City & State		4. Date Incorporated or Qualified To Do Business in Florida 06/04/2001					
KISSIMN	MEE, FL		KISSIMMEE	, FL	<b>5.</b> FEI Number 59-37264		Applied For Not Applicable			
Zip 34758		ountry S A	Zip 34758	Country USA	6. CERTIFICATE		dditional Fee required Certificate of Status			
			7. Name	and Address of Current Regis	tered Agent					
:	Name CLARA I OSORIO  Street Address (P.O. Box Number is Not Acceptable) 11455 S. ORANGE BLOSSOM TRL  Suite, Apt. #, Etc. SUITE 4									
	City ORLANDO	)			State Zip Code 32837					
8. I, being a Signature of Registered A	f	Olara	ve named corporation  Cooperation  Cooperation  EGISTERED AGENT	n, am familiar with and accept the	obligations of secti	on 607.0505 or 617.0503, F.S.  Date 4/5/0 4				
9. Names	and Street Addre	sses of Each Officer and	d/or Director (Florida	nonprofit corporations must list a	t least 3 directors)					
Titles	Name of Officers and/or Directors			Street Address of E Officer and/or Direct		City / State / Zip				
Р	JOSE E CACERES			137 VIOLET LN		KISSIMMEE, FL 34758				
VP	EVER CAC	ERES	5	137 VIOLET LN		KISSIMMEE, FL 34758				
		•								
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:  JOSE & Caceres  4/5/04 (32) 624-8/32  Destine Phone *										

Daytime Phone #

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## -PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION				S	ecretary	TMENT OF S' of State orporations	TATE					
DOCU	IMENT	# P0	1000056	659	· · · · · · · · · · · · · · · · · · ·								
ALFA C	ONSTRU	CTIO	N, INC										
l ·					1	3. Mailing Office Address 137 VIOLET LN							
Suite, Apt. #, etc.					Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 06/04/2001				
City & State KISSIMMEE, FL				City & State KISSIMMEE, FL				50 2726494				ot Applicable	
Zip 34758	USA			Zip - 34758		USA		6. CERTIFICATE OF STATUS DESIRED		S DESIRED 🔲 \$8.	75 Addition	al Fee required to of Status	
	Name				<b>7.</b> N	ame and	Address of Curren	t Register	ed Agent				
	CLARA						······································				·		
	Street Address (P.O. Box Number is Not Acceptable) 11455 S. ORANGE BLOSSOM TRL										Ī		
ı	Suite, Apt. SUITE 4	#, Etc.											
	City ORLAN	City ORLANDO						<del></del>		Slate FL	Zip Code 32837		1
8. I, being Signature of Registered	1	register	ed agent of t	<u>'64_</u>	ove named corpo  Corpo  EGISTERED AG	anie	familiar with and ac	ccept the o	bligations of section	on 607.056 Date	05 or 617.0503, F.S		V V V V V V V V V V V V V V V V V V V
9. Names	and Street Ad	dresses	of Each Off	icer an	d/or Director (Fig	rida nonpr	ofit corporations mi	ust list at le	ast 3 directors)		ور علی وجد کا اید		
Titles	Name of Officers and/or Directors			Street Address of Ea Officer and/or Direc									
Р	JOSE E CACERES			5137 VIOLET LN			·	KISSIMMEE, FL 34758					
VP	EVER CACERES			5137 VIOLET LN			KISSIMMEE, FL 34758						
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		<del>-</del>					· · · · · · · · · · · · · · · · · · ·		·····				
					- AL			<u>.</u>			···		
			•						:				
this rei	nstatement apply the corpora application is	iplication tion have true and	the reason been paid a d accurate, a	for dis	solution has been a names of individual signature shall had	n eliminate duals listed ave the sar	to execute this app d, the corporate nai on this form do not ne legal effect as if	me satisfie quality for made und	s the requirements an exemption und er oath.	s of section	3 607 0401 or 617 (	0401, F.S., th The information	nat all fees on indicated