

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91198 040 ***150.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000070044

1. Corporation Name

Simple Construction Corp. ✓

675060

2. Principal Office Address c/o
Cabanas & Assoc.
10520 NW 26 St.

Suite, Apt. #, etc.

C-201

City & State

Miami, FL

Zip

33172

Country

3. Mailing Office Address c/o Cabanas & Assoc.
10520 NW 26 St.

Suite, Apt. #, etc.

C-201

City & State

Miami, FL

Zip

33172

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/17/01

5. FEI Number

65-1121991

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

Luis Ledezma

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

10520 NW 26 ST. c/o Cabanas & Assoc.

Suite, Apt. #, Etc.

C-201

City

Miami

State

FL

Zip Code

33172

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 5/29/02

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
PSTD	Luis Ledezma	c/o Cabanas & Assoc. 10520 NW 26 St. St. C 201	Miami, FL 33172

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/02 (305) 513 3639

Date

Daytime Phone #

CR2E081 (9/01)