

5/9/03 01074 007
 3/3/03 01076 007
 5/4/02 90094 020
 4/16/03 90141
 014

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Mar 23, 2004 8:00 A.M.
Secretary of State

DOCUMENT # **PD1000074909**

1. Corporation Name

Tito's Constructions Corp.

2. Principal Office Address

9981 Chardonay Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Orlando, F

City & State

Zip

32832

Country

Orange

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

7/27/01

5. FEI Number

01-0750883

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

Gelasio Rodriguez

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

9981 Chardonay Dr.

Suite, Apt. #, Etc.

City

Orlando

000018676210

03/30/04 01070 010 **156.00

**State
 FL**

**Zip Code
 32832**

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

Gelasio Rodriguez

Date

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	Gelasio Rodriguez	9981 Chardonay Dr.	Orlando, FL 32832
			000018676210

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:

Gelasio Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04

Date

Daytime Phone #

CR2E081 (01/04)