


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -3 PM 2:13

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 901000078915  
**1. Corporation Name**  
 Applied Construction Company, Inc.

000025425610  
 12/11/03--01050--028 \*\*150.00


**REINSTATEMENT 03**

<b>2. Principal Office Address</b> 10996 NW 58 Terrace		<b>3. Mailing Office Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b>	
<b>Zip</b> 33178	<b>Country</b> U.S.A.	<b>Zip</b>	<b>Country</b>

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 8/02/01	<b>Applied For</b>
<b>5. FEI Number</b> 65-1132285	<b>Not Applicable</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> David Abrams	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 9900 South Dadeland Blvd PH-3	
<b>Suite, Apt. #, Etc.</b>	
<b>City</b> Miami	<b>State</b> FL
<b>Zip Code</b> 33156	

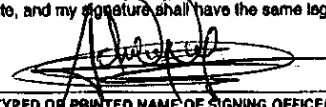
**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of Registered Agent**  **Date** 11/29/03

**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
DPST	Luz A. Ormaza	10996 NW 58 Terrace	Miami, FL 33178

**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:**  **Date** 11/29/03 **Daytime Phone #** 786-423-3496

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2001 (9/01)

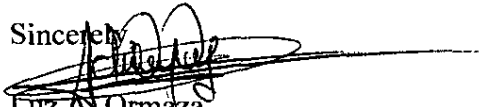
Florida Department of State  
Division of Corporations

Re: **APPLIED CONSTRUCTION COMPANY, INC.**  
Doc# **P01000075915**

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking that the penalty please be waived for the corporation. We did not receive notification in **2003** by the mail, so thank you in advance for your time and consideration.

Sincerely,



Luz A. Ormaza  
President/ Director