

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 23 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PD1000113458**

1. Corporation Name

**Amalgamated Construction of the
Palm Beaches, Inc.**

2. Principal Office Address

1221 Brickell Ave.

Suite, Apt. #, etc.

#900

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/29/01

5. FEI Number

652413698

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

Anastacio Caceres

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

1221 Brickell Ave.

Suite, Apt. #, Etc.

900

City

Miami

State

FL

Zip Code

33131

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

Anastacio Caceres

REGISTERED AGENT MUST SIGN

Date

9/22/03

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	Anastacio Caceres	1221 Brickell Ave #900	Miami, FL 33131

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anastacio Caceres

9/22/03

Date

Daytime Phone #

**561-644-
6604**

7/9/23

CR2E081 (10/02)

Amalgamated Construction of the
Palm Beaches, Inc.
Doc. #P01000113458

To Whom it May Concern,

Enclosed as requested is my reinstatement page and a check for \$150.00. Please waive the penalty fee due to the fact that I did not receive any notification for 2003 regarding an annual report.

I thank you in advance for your time and consideration.

Sincerely,


Anastacio Caceres