

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

04 JAN 13 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 1 P02000007823

**1. Corporation Name**

S.A.B Construction Limited Inc

700028280627  
02/05/04--01031--023 \*\*900.00

**2. Principal Office Address**

14234 SW 49 ST

Suite, Apt. #, etc.

**3. Mailing Office Address**

14234 SW 49 ST

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33175

Country

Zip

33175

Country

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

1/22/2002

**5. FEI Number**

260036937

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

RAMIRO BATISTA

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

14234 SW 49 ST

Suite, Apt. #, Etc.

City

MIAMI FLORIDA

State  
**FL**

Zip Code

**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

RAMIRO BATISTA

REGISTERED AGENT MUST SIGN

Date

1/12/04

**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
<u>R</u>	<u>RAMIRO BATISTA</u>	<u>14234 SW 49 ST</u>	<u>MIAMI FL, 33175</u>

**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

RAMIRO BATISTA

Date

1/12/04

Daytime Phone #