

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 23 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000033837

1. Corporation Name

P.L.D. CONSTRUCTION CORP.

2. Principal Office Address

676 SE 4TH PLACE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH

City & State

Zip

FL

Country

33010

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

5. FEI Number

90-0017196

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

PABLO A SANCHEZ

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

676 SE 4TH PLACE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33010

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

REGISTERED AGENT MUST SIGN

Date 10/15/2003

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/D	PABLO A. SANCHEZ	676 SE 4TH PLACE	HIALEAH, FL 33010
SV/T/D	DAISY DE ROJAS	676 SE 4TH PLACE	HIALEAH, FL 33010

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

10/15/2003 (305) 885-7882

Date

Daytime Phone #

CR2E081 (10/02)

**FLORIDA DEPARTMENT OF REVENUE  
ANNUAL REPORT OR REINSTATEMENT  
EIN: 90-0017196  
Doc # P02000033837  
Re: P.L.D. CONSTRUCTION CORP.**


October 14, 2003

To Whom It May Concern,

I am sending this letter to explain the reason why I did not file the annual  
Report of **P.L.D. CONSTRUCTION CORP.** located at **676 SE 4<sup>TH</sup> PLACE**  
**HIALEAH, FL 33010.** Because I never received the form required.

If you any question do not hesitate contact me to (305) 885-7882

Sincerely,

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**PABLO A. SANCHEZ**  
President