

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 23 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000045491

Corporation Name

P. Pozo Construction Corp.

2. Principal Office Address

535 NE 73rd St

Suite, Apt. #, etc.

3. Mailing Office Address

535 NE 73rd Street

Suite, Apt. #, etc.

City & State

Miami, FLORIDA

Zip

33138

Country

Zip

33138

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/25/02

5. FEI Number

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

Pedro Pozo Olivo

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

535 NE 73rd Street

Suite, Apt. #, Etc.

State

FL

Zip Code

33138

City

Miami

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

Pedro Pozo Olivo

REGISTERED AGENT MUST SIGN

Date 1/14/04

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
PD	Olivo, Pedro Pozo	535 NE 73 rd Street	Miami, FL 33138
VPD	Pozo, Pedro	535 NE 73 rd Street	Miami, FL 33138

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:

Pedro Pozo Olivo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/04 (305) 305-2704

Daytime Phone #

CR2E081 (10/02)

P. POZO CONSTRUCTION CORP.
535 N.E. 73RD STREET
MIAMI, FL 33138

January 15, 2004

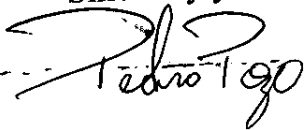
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327-TALLAHASSEE, FL 32314

To Whom It May Concern:

I, Pedro Pozo did not received the annual report form during the year 2003.
When I went to do my taxes the agent informed me that my corporation was dissolved.

I called Department of State Division of Corporation and they mailed me a form in January 2004. This is why I ask you for a consideration or a break on the penalty fee for 2003. Enclosed is a check for \$300.00 as I spoke to an agent. Thank you for your time in this matter.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Pedro Pozo", written over a horizontal line.

Pedro Pozo
President