

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 MAR -2 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000062069

1. Corporation Name

DRUCTOR CONSTRUCTION, INC.

2. Principal Office Address

233 ROMANO AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip

33134

Country

MIAMI-  
DADE

3. Mailing Office Address

233 ROMANO AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip

33134

Country

MIAMI-  
DADE

REINSTATEMENT 03-05

4. Date Incorporated or Qualified  
To Do Business in Florida

6-5-02

5. FEI Number

30-0082735

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

PAUL J DRUCTOR

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

233 ROMANO AVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State  
FL

Zip Code

33134

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

*[Signature]*

Date

2-28-05

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
PRES	PAUL J DRUCTOR	233 ROMANO AVE CORAL GABLES FL 33134	

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]*

2-28-05

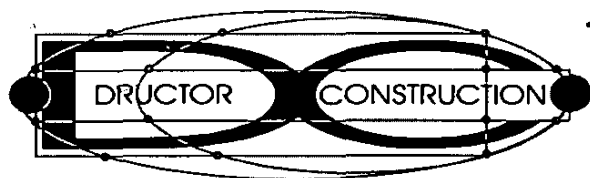
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-401-8914

Daytime Phone #

CR2E081 (01/05)



February 28, 2005

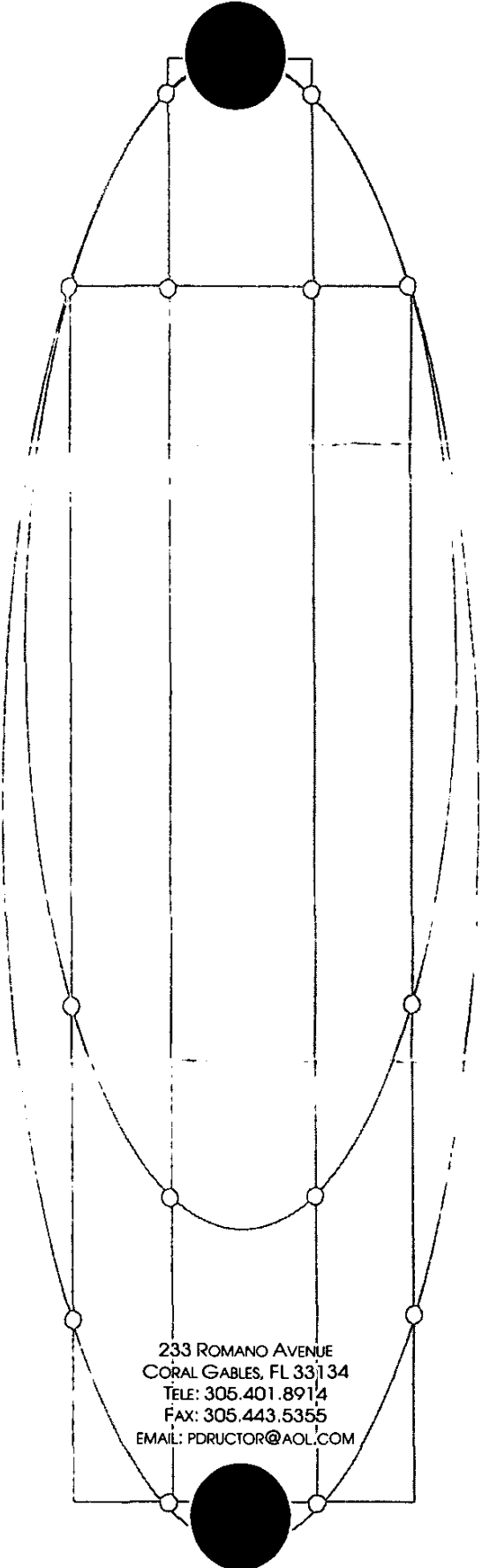
Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

To whom it may concern:

It has come to my attention that I have not received my annual report form to my current address. Enclosed is a new annual form to bring your records up to date. I have also enclosed the \$450.00 fee.

Thank you,

Paul J Dructor  
President



233 ROMANO AVENUE  
CORAL GABLES, FL 33134  
TEL: 305.401.8914  
FAX: 305.443.5355  
EMAIL: PDUCTOR@AOL.COM