

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 AUG 18 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P02000069752

ENGINEERED CONSTRUCTION CORPORATION

2. Principal Office Address

6422 COLLINS AVE.,

Suite, Apt. #, etc.

1802

City & State

MIAMI BCH FL

Zip

33141

Country

USA

3. Mailing Office Address

6422 COLLINS AVE.,

Suite, Apt. #, etc.

1802

City & State

MIAMI BCH FL

Zip

33141

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/2002

5. FEI Number

03-0464419

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-05

7. Name and Address of Current Registered Agent

Name

MAYRA CUZAN

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

6422 COLLINS AVE

Suite, Apt. #, Etc.

1802

City

MIAMI BCH

State

FL

Zip Code

33141

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

Mayra Cuzan

REGISTERED AGENT MUST SIGN

Date 8/10/2005

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
PSTD	CUZAN, MAYRA	6422 COLLINS AVE., #1802	MIAMI BCH FL 33141

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: *Mayra Cuzan* MAYRA CUZAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/2005

Date

3058649897

Daytime Phone #

CR2E081 (01/05)

8/1/05