

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000107807

1. Corporation Name

M.RODRIGUEZ BUILDERS, INC.

Principal Place of Business

Mailing Address

3308 SOUTH SAINT CLOUD AVE
VALRICO FL 33594

3308 SOUTH SAINT CLOUD AVE
VALRICO FL 33594



300023767513
10/14/03 --01002--020 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

74-3099621

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	RODRIGUEZ, MARIO	3308 SOUTH SAINT CLOUD AVE	VALRICO FL 33594
ST	RODRIGUEZ, ELIZABETH	3308 SOUTH SAINT CLOUD AVE	VALRICO FL 33594

REINSTATEMENT 02

Mario Rodriguez
10/27

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~RODRIGUEZ, MARIO~~
~~3308 SOUTH SAINT CLOUD AVE~~
~~VALRICO FL 33594~~

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Mario Rodriguez
REGISTERED AGENT MUST SIGN

Date **10-9-03**

11. 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:

Mario Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03

Date

813 685-4754

Daytime Phone #

CF2E040 (7/03)

M Rodriguez Builders, Inc.

Office Telephone: (813) 685-4754
3308 S. ST. CLOUD AVE.
VALRICO, FL 33594
Fax (813) 685-5704

BUILDING CONTRACTOR
Lic. No. CB-C039032

10/17/03

TO: Florida Department of State

Ref. Number: P02000107807

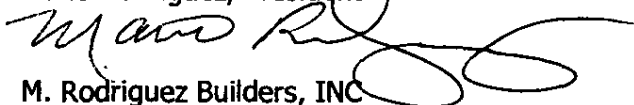
To Whom It May Concern:

This letter is to inform your office that we did not receive any-UBR notices to renew our corporation and would appreciate very much if the \$ 600.00 penalty to reinstate our corporation were waived.

We would like to apologize for our ignorance on this matter, it's the first time we where to do this but we promise to be aware of it next time.

Thank you,

Mario Rodriguez, President



M. Rodriguez Builders, INC