PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 22 PM 3:05

REINSTATEMENT 04-06

DOCUMENT # P02000111715

1. Corporation Name
Ramos Construction Group, Inc.

2. Principal Office Address	3. Mailing Office Address
6841 S.W. 164 CT.	6841 S.W. 164 CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33193 Country: Dade	Zip: 33193 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 10/16/2002

5. FEI Number: 76-0716887 ☐ 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: Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable): 1203 Governors Square Blvd, Suite 101

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301-2960

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: M. Schiff Date: 3/21/06

REGISTERED AGENT MUST SIGN Mark Schiff, AVP, Business Filings Incorporated

CR2E081 (8/01)

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
President	Alex Ramos	6841 S.W. 164 CT.	Miami, Florida 33193
VP	Alex Ramos	6841 S.W. 164 CT.	Miami, Florida 33193
Secretary	Alex Ramos	6841 S.W. 164 CT.	Miami, Florida 33193
Treasurer	Alex Ramos	6841 S.W. 164 CT.	Miami, Florida 33193
Director	Alex Ramos	6841 S.W. 164 CT.	Miami, Florida 33193

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: Alex Ramos, President 03-15-06 305-388-3843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
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Division of Corporations
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Account Number : 105256001620
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Fax Number : (608)827-5501

CORPORATION REINSTATEMENT

RAMOS CONSTRUCTION GROUP, INC.

Certificate of Status	0
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