

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


09 JUN -1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400156761964

06/04/09--01006--011 **908.75
CR2E081 (12/08)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO300000 7465**

1. Corporation Name
ARXCIS CONSTRUCTION CORPORATION

2. Principal Office Address - No P.O. Box # 4108 LAGUNA		3. Mailing Office Address 4108 LAGUNA	
Suite, Apt. #, etc. SECOND FLOOR		Suite, Apt. #, etc. SECOND FLOOR	
City & State CORAL GABLES, FLORIDA		City & State CORAL GABLES, FLORIDA	
Zip 33146-1409	Country U.S.A.	Zip 33146-1409	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 01/21/2003

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
JOAQUIN DIEZ

Street Address (P.O. Box Number is Not Acceptable)
10301 SW 62 STREET

Suite, Apt. #, Etc.

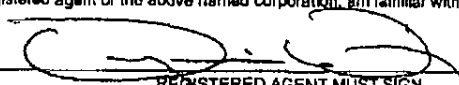
City
MIAMI,

State
FL

Zip Code
33173

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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  Date 5/26/09

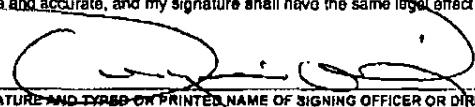
REGISTERED AGENT MUST SIGN

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	Joaquin Diez	10301 SW 62 Street	Miami, Florida, 33173
Sec	Juan Jose Arguelles	3426 SW 112 Avenue	Miami, Florida, 33165

REINSTATEMENT **RH**

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 contained in Chapter 119, 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:  **JOAQUIN DIEZ**

Date 5/26/09 Daytime Phone # 786 385 0685

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR