

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 22 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-03000028120

1. Corporation Name

LAS MALANGAS CONSTRUCCTION INC

5755 26 AVENUE
5755 26 AVENUE

2. Principal Office Address

5755 26 AVENUE

3. Mailing Office Address

5755 26 AVENUE

Suite, Apt. #, etc.

6

Suite, Apt. #, etc.

6

City & State

HIALEAH- FLORIDA

City & State

HIALEAH- FLORIDA

Zip

33016

Country

USA

Zip

33016

Country

USA

REINSTATEMENT 64

4. Date Incorporated or Qualified

To Do Business in Florida 03/10/2003

5. FEI Number

84-1619622

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

ENRIQUE GUEVARA

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

630 S. STATE RD 7(441)

Suite, Apt. #, Etc.

City

MARGATE

State
FL

Zip Code
33068

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

Enrique Guevara

Date 12/08/2004

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
PD	ANGEL MONZON	5755 26 AVENUE APTO # 6	HIALEAH-FL-33016
VD	LUIS RIVERA	5755 26 AVENUE APTO # 6	HIALEAH-FL-33016

12/22/04

900043584059
12/22/04--01034--019 **150.00

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)(l), 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:

Luis Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/2004

Date

786-287-0386

Daytime Phone #

CR2E081 (01/04)

LAS MALAGAS CONSTRUCTION INC
5755 26 AVENUE
HIALEAH- FLORIDA-33016
DOCUMENT # P-03000028120

SECRETARY OF STATE
DIVISION OF CORPORATIONS
REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSE, FLORIDA-32314

TO WHOM IT MAY CONCERN

I LUIS RIVERA SUBMIT THIS LETTER TO INFORM YOU THAT

THE REASON I HAVE NOT SENT THE ANNUAL REPORT TO YOU WAS BECAUSE

**I DID NOT RECEIVE THE FORM (2004 FOR PROFIT CORPORATION ANNUAL
REPORT)**

**ATTACHED YOU WILL FIND A CHECK FOR US 150.00 WHICH
IS THE FEE FOR ONE YEAR , PLEASE ACCEPT THIS FEE.**

THANK YOU VERY MUCH FOR YOU TIME


LUIS RIVERA