

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

06 APR 24 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PSL*

CR2E081 (12/05)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000052584

1. Corporation Name

EBEN-EZER CONTRACTORS CORP.

2. Principal Office Address

11907 SW 9 LANE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip  
33184

Country

Miami-Dade

3. Mailing Office Address

11907 SW 9 LANE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip  
33184

Country

Miami-Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

56-2357682

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  
FONSECA, HEBER ERNESTO

Street Address (P.O. Box Number is Not Acceptable)  
11907 SW 9 LANE

Suite, Apt. #, Etc.

City  
MIAMI, FL

State

FL

Zip Code

33184

800073771228

05/03/06 01001 022 \*\*150.00

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

*Heber Fonseca*

REGISTERED AGENT MUST SIGN

Date 4-10-06

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
DP	FONSECA, HEBER ERNESTO	11907 SW 9 LANE	MIAMI, FL 33184

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:

*Heber Fonseca*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06 786 512-9191

Date

Daytime Phone #