

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -7 PM 2:16

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P03000058147**

1. Corporation Name  
**Playa Construction Inc.**

2. Principal Office Address  
**355 S.W. 17 Ave**

Suite, Apt. #, etc.

City & State  
**Homestead, FL**

Zip  
**33030**

Country  
**U.S.A.**

3. Mailing Office Address  
**355 S.W. 17 Ave**

Suite, Apt. #, etc.

City & State  
**Homestead, FL**

Zip  
**33030**

Country  
**U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/28/2003**

5. FEI Number

**55-0832803**

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

**JUAN CARDOZA**

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

**355 S.W. 17 Ave.**

Suite, Apt. #, Etc.

City

**Homestead**

State  
**FL**

Zip Code

**33030**

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

**Juan Cardoza**

REGISTERED AGENT MUST SIGN

Date

**3/3/2005**

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
P/O	CARDOZA, JUAN	355 S.W. 17 Ave	Homestead, FL 33030

700048412877  
03/15/05--01029--009 \*\*300.00

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:

**Juan Cardoza**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/3/05 (305) 246-5070**

CR2E081 (01/05)

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**PLAYAS CONSTRUCTION, INC.**

355 S.W.17<sup>th</sup> Avenue  
Homestead, FL 33030

To: State of Florida  
Division of Corporation  
P.O.Box 6327  
Tallahassee, FL 32314

HEREBY WE CERTIFY, that we never received the forms for Annual Report for the year 2004 and on this base, we request from you, to please waive the penalty for late filing, and enclosed please find complete form with check payable to your Order for \$300.00 for the 2004/2005.

Corporation Name: Playas Construction Inc.

Document Number: P03000058147

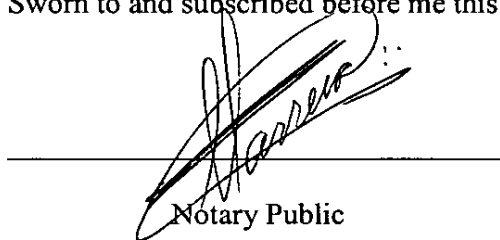
Thanks.

Sincerely,



President

LD# 0032-400-52-334-0  
Sworn to and subscribed before me this 3 day of March, 2005

  
Notary Public