

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 02, 2006 8:00 A.M.
Secretary of State

DOCUMENT # P03000059982

1. Corporation Name

SON'S CONSTRUCTION, INC.

2. Principal Office Address

7964 RAMONA ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 5201

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

Country

33023

City & State

HOLLYWOOD

Zip

Country

FL

33023

500074535465
05/14/06--01001--020 **450.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

6/2/2003

5. FEI Number

57-1169523

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

WILSON SAINT-REMY

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

7964 RAMON ST

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33023

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 **4/20/2006**

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
D	WILSON SAINT-REMY	7964 RAMONA ST	MIRAMAR, FL 33023

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:

WILSON SAINT-REMY

4/20/2006

(954) 649-2644

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell MAY 9 / 1111

Zof2

Dixon Alexandre
Tax & Accounting Services



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Suite 107
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Fort Lauderdale, April 20, 2006

Florida Department of State
UBR Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

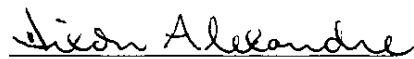
Re: SON'S CONSTRUCTION, INC.
Document # P03000059982

Dear Sir or Madam:

I request the abatement of the penalty charged for late filing on the above-mentioned corporate account. My client, Mr. Wilson Saint-Remy, claims he never received the form to file the annual report. As a result, Son's Construction, Inc. was administratively dissolved. Please, find enclosed a check in the amount of \$450 to pay for the annual reports of 2004 through 2006.

I appreciate your cooperation.

Sincerely,


Dixon Alexandre, Accountant

Enclosures