

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR -2 PM 4: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PD3000062708

1. Corporation Name  
**Popeyes Fence and Construction**

2. Principal Office Address - No P.O. Box #  
**10801 NW 27 AV**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**17055 NW 78 AV**  
Suite, Apt. #, etc.

CR2E081 (1/07)

City & State  
**miami FL 33167**  
Zip Country  
**33167 USA**

City & State  
**miami, FL**  
Zip Country  
**33015 USA**

4. Date Incorporated or Qualified To Do Business in Florida  
**3/28/07**

5. FEI Number  Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$6.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
**Lazaro Torres**  
Street Address (P.O. Box Number is Not Acceptable)  
**17055 NW 78 AV**  
Suite, Apt. #, Etc.  
City - **miami** State **FL** Zip Code **33015**

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 **Lazaro Torres** Date **3/28/07**  
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
PSTD	Lazaro Torres	17055 NW 78 AV	miami FL 33015

**REINSTATEMENT**

**B 4/5/07**  
**04-07**

300095243103  
04/09/07--01045--014 \*\*1200.00

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 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: **Lazaro Torres** Date **3/28/07** (305) 826 5096  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # (305) 826 5096