2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2005
Secretary of State

DOCUMENT# P03000089916

Entity Name: MCQ CONSTRUCTION SERVICES, INC.

Current Principal Place of Business:

20185 EAST COUNTRY CLUB DRIVE ST 204
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

20185 EAST COUNTRY CLUB DRIVE ST 204
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-0152597 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, PABLO
20185 E COUNTRY CLUB DR
204
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PABLO GONZALEZ
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: GONZALEZ, PABLO
Address: 20185 EAST COUNTRY CLUB DRIVE ST 204
City-St-Zip: AVENTURA, FL 33180

Title: D/S ( ) Delete
Name: GONZALEZ, XIMENA
Address: 20185 EAST COUNTRY CLUB DRIVE ST 204
City-St-Zip: AVENTURA, FL 33014

Title: D ( ) Delete
Name: MANSUR, ARNULFO
Address: 20185 EAST COUNTRY CLUB DRIVE ST 204
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: MANSUR, MARCELA
Address: 20185 EAST COUNTRY CLUB DRIVE ST 204
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PABLO GONZALEZ D/P 10/05/2005
Electronic Signature of Signing Officer or Director — Date