

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000118209**

1. Corporation Name

HIBISCUS CONTRACTING Corp.

2. Principal Office Address - No P.O. Box #

782 NW LEJEUNE Rd. Same

Suite, Apt. #, etc.

SUITE 207

City & State

Miami FL

Zip

33126

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

HUMBERTO FRANK GONZALEZ

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

782 NW LEJEUNE Rd.

Suite, Apt. #, Etc.

SUITE 207

City

Miami

State

FL

Zip Code

33126

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

REGISTERED AGENT MUST SIGN

Date

11/12/10

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	Humberto Frank Gonzalez	782 NW Lejeune Rd #207	Miami FL 33126
VP	Elvis Nunez	782 NW Lejeune Rd #207	Miami FL 33126

S. HAWKES

NOV 16 2010

EXAMINER

REINSTATEMENT

2004-10

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/10

Date

Daytime Phone #

FILED
10 NOV 16 PM 12:08

100187813011
11/16/10--01007--022 **1550.00