

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 15 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000143529

1. Corporation Name

Zuniga Construction Inc

500061867095
12/15/05--01048--001 **508.75

2. Principal Office Address

1409 Beth Page Ct

Suite, Apt. #, etc.

City & State

Brandon FL

Zip

33511

Country

USA

3. Mailing Office Address

1409 Beth Page Ct

Suite, Apt. #, etc.

City & State

Brandon FL

Zip

33511

Country

USA

REINSTATEMENT CR2E081 (8/05) 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/03

5. FEI Number

81-0639037

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

Eucario Zuniga Sanchez

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

1409 Beth Page Ct

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511

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

11/29/05

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
PRES	Eucario Zuniga Sanchez	1409 Beth Page Ct	Brandon FL
			33511

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:

Eucario Zuniga Sanchez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/05 813-

Date

434-5538

Daytime Phone #