


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P04000028879</u>			
1. Corporation Name FIXER'S CONSTRUCTION, INC.			
2. Principal Office Address 14535 BRUCE B. DOWNS		3. Mailing Office Address 14535 BRUCE B. DOWNS	
Suite, Apt. #, etc. 121		Suite, Apt. #, etc. 121	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33613	Country U.S.A	Zip 33613	Country U.S.A
4. Date Incorporated or Qualified To Do Business in Florida FEB 12 2004		5. FEI Number 200746864	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			
Name YARITZA VELEZ			
Street Address (P.O. Box Number is Not Acceptable) 14535 BRUCE B. DOWNS			
Suite, Apt. #, Etc. 121			
City TAMPA		State FL	Zip Code 33613
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 <u>Yaritza Velez</u>		Date <u>10/5/05</u>	
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
P	YARITZA VELEZ	14535-BRUCE B. DOWNS #121	TAMPA, FL 33613
S	LUIS AGUILAR- MURO	14535 BRUCE B. DOWNS # 121	TAMPA, FL 33613
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: <u>Yaritza Velez</u>		Date <u>10/29/05</u> (813) 541-1504	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	