

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 SEP 26 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000085274

1. Corporation Name

OCHOA CONSTRUCTION SERVICES INC

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

1963 LUCKY TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

1963 LUCKY TRAIL

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

Zip

32750

Country

USA

Zip

32750

Country

USA

REINSTATEMENT CR2E081 (12/07) 07-08

4. Date Incorporated or Qualified To Do Business in Florida

5/28/04

5. FEI Number
20-1186518

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

LAURA OCHOA

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

1963 LUCKY TRAIL

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32750

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

REGISTERED AGENT MUST SIGN

Date

9/23/08

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	LAURA C OCHOA	1963 LUCKY TRAIL	LONGWOOD, FL 32750
D	CLAXTON OCHOA	1963 LUCKY TRAIL	LONGWOOD, FL 32750

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09/26/08--01036--016 **300.00

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:

Laura Ochoa

9/23/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #