

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 16 AM 8:43

DOCUMENT # **P04000140939**

1. Corporation Name

ENGINEERED STRUCTURES OF Miami, Inc.

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

5701 Collins Ave

3. Mailing Office Address

Suite, Apt. #, etc.

#1515

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Zip

33140

Country

USA

Zip

Country

200123773372
04/17/08--01003--007 **600.00

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 12, 2004

5. FEI Number

11-3728778

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

VICTOR CUZAN

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

5701 Collins Ave

Suite, Apt. #, Etc.

#1515

City

Miami Beach

State

FL

Zip Code

33140

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **4/14/2008**

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.	VICTOR CUZAN	5701 Collins Ave #1515	Miami Beach, FL 33140

TS 4/17/08

REINSTATEMENT 05-08

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2008

Date

786 395 1474

Daytime Phone #