

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000144919

1. Corporation Name

Juventino Construction, Inc.

2. Principal Office Address

6425 Casitas Court

Suite, Apt. #, etc.

220

City & State

Tampa, FL

Zip

33634

Country

US

3. Mailing Office Address

6425 Casitas Court

Suite, Apt. #, etc.

220

City & State

Tampa, FL

Zip

33634

Country

US

FILED

06 JAN 13 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

192

05-06

CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/20/2004

5. FEI Number

20-2212684

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

Juventino Vasquez

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

6425 Casitas Court

Suite, Apt. #, Etc.

220

City

Tampa

State

FL

Zip Code

33634

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

Juventino Vasquez

Date

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
President	Juventino Vasquez	6425 Casitas Court Apt# 220	Tampa, FL 33634

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06
Date

(813) 917-4199
Daytime Phone #

282

January 04, 2006

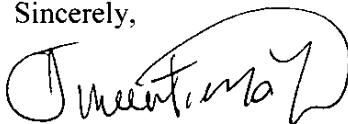
To-Whom It May Concern:

I, Juventino Vasquez, am writing to request reinstatement and waiver of penalty fees of my corporation, Juventino Construction, Inc. as I relocated and never received any notices or correspondence regarding my corporation.

Attached you will find my application for reinstatement. I am enclosing a check for \$300.00 to cover the Annual Report Fees of \$150.00 for 2005 and \$150.00 for 2006.

I humbly request that the State of Florida reinstate Juventino Construction, Inc. and waive the penalty Fees for 2004.

Sincerely,

A handwritten signature in black ink, appearing to read "Juventino Vasquez", with a large, stylized flourish at the end.

Juventino Vasquez