

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2008 MAR 25 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100121252991
03/25/08--01055--003 **450.00

CR2E081 (12/07)

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PD40001559.04

1. Corporation Name
ALMAZAN & TAYLOR construction group

2. Principal Office Address - No P.O. Box # <u>7158 NW 49 Place</u> Suite, Apt. #, etc.	3. Mailing Office Address <u>7158 NW 49 Place</u> Suite, Apt. #, etc.
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City & State <u>dauderhill FL</u>	City & State <u>dauderhill FL</u>
Zip <u>33319</u> Country <u>US</u>	Zip <u>33319</u> Country <u>US</u>

7. Name and Address of Current Registered Agent

Name
Nathaniel McKenzie

Street Address (P.O. Box Number is Not Acceptable)
2539 Lee St

Suite, Apt. #, Etc.

City
Hollywood, FL State
FL Zip Code
33020

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
20-1909097 ☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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 Nathaniel McKenzie
REGISTERED AGENT MUST SIGN

Date 3-21-08

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.	Philip Taylor	7158 NW 49th Pl	Lauderhill, FL 33319

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: Nathaniel McKenzie - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/21/08 Daytime Phone # 954-914-9838