

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

10 MAR 23 PM 12:30

DOCUMENT # P05000120940

1. Corporation Name

HANIBAL'S CONTRUCTION INC

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

DANIELS COVE DR

3. Mailing Office Address

1421

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER GARDEN

City & State

FLORIDA

Zip

34787

Country

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 09/01/2005

5. FEI Number

203410956

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  
CASTRO, ANIBAL

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

1421 DANIELS COVE DR

Suite, Apt. #, Etc

City

WINTER GARDEN

State

FL

Zip Code

34787

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.

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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

Date 03/09/2010

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	ANIBAL CASTRO	1421 DANIELS COVE DR	W.GARDEN FL34787
VP	SANCHEZ, DALILA	1421 DANIELSCOVE DR	W. GARDEN FL 34787

REINSTATEMENT

10. E-mail Address

(To be used for future annual report notification)

11. 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. I further certify, 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

3/9/10

Date Daytime Phone #

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