

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000121637

1. Corporation Name

Parial Construction Inc.

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

9251 Edgemont Lane

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33434

Country

USA

3. Mailing Office Address

9251 Edgemont Lane

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33434

Country

USA

7. Name and Address of Current Registered Agent

Name

Emmanuel Parial

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

9251 Edgemont Lane

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33434

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

Emmanuel Parial

REGISTERED AGENT MUST SIGN

Date 28 SEP 09

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	Emmanuel Parial	9251 Edgemont Lane	Boca Raton, FL 33434

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:

Emmanuel Parial

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 SEP 09

Date

3364233609

Daytime Phone #

FILED

09 OCT -2 PM 2:15

STATE
DIVISION OF CORPORATIONS

700161278737

10/02/09--01038--004 **300.00

REINSTATEMENT

08-09

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/2006

5. FEI Number
205471745

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.

EMMANUEL PARIAL

10/20