

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P09000086899**

1. Corporation Name

Mena Construction, Inc.

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

10727 South Preserve Way

Suite, Apt. #, etc.

106

City & State

Miramar, Florida

Zip

33025

Country

US

3. Mailing Office Address

10727 South Preserve Way

Suite, Apt. #, etc.

106

City & State

Miramar, Florida

Zip

33025

Country

US

FILED  
11 MAR 10 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT 10-11**

500196457585  
03/01/11--01028--008 \*\*750.00

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/21/2009

5. FEI Number  
27-1156039

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

Rogelio Garcia

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

10727 South Preserve Way

Suite, Apt. #, Etc.

106

City

Miramar

State

FL

Zip Code

33025

500196457585  
03/10/11--01031--005 \*\*308.75

3/10

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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date

02/25/2011

**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	Rogelio Garcia	10727 South Preserve Way, Apt. 106	Miramar, Florida 33025
VP	Emanuel Vazquez	10727 South Preserve Way, Apt. 106	Miramar, Florida 33025

10. E-mail Address: rg@menaconstruct.com

(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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/25/2011

Daytime Phone #