


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 96 DEC -9 PM 2:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>PA3000015181</u>					
1. Corporation Name <u>A & M CONSTRUCTION OF MIAMI, INC.</u>					
Principal Place of Business <u>7630 S.W. 18TH ST</u> <u>MIAMI, FL 33155-1593</u>		Mailing Address <u>SAME</u>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable <u>SAME AS ABOVE</u>		3. New Mailing Address, If Applicable <u>SAME AS ABOVE</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>JULY 1ST/96</u>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		5. FEI Number <u>65-0392949</u>	
City & State 		City & State 		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 	Country <u>DADE</u>	Zip 	Country <u>DADE</u>	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
PRESID	FELIX MORALES	7630 S.W. 18TH ST	MIAMI-FL 33155-1593		
SECRET	MARIA E. MORALES	7630 S.W. 18TH ST	MIAMI-FL 33155-1593		
			900002024319--3 -12/10/96--01047--014 *****775.00 *****775.00		
			900002024319--3 -12/10/96--01047--015 *****8.75 *****8.75		
8. Name and Address of Current Registered Agent					
9. Name and Address of New Registered Agent					
ENRIQUE GARCIA 9461 S.W. 62ND ST. MIAMI-FL 33173-2205 F.E.I. 65-0568027R					
Name <u>SAME</u>					
Street Address (P.O. Box Number is Not Acceptable) 					
Suite, Apt. #, Etc. 					
City 					
State <u>FL</u>					
Zip Code 					
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <u>Enrique Garcia</u> Date <u>10/15/96</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>FELIX MORALES</u> Date <u>10/15/96</u> Daytime Phone # <u>305-279-5821</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR25040 (12/95)