

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 NOV -8 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 930000 22166**

1. Corporation Name

MAHOGANY Engineering & Constr., Inc.

600003487726--0
-12/05/00--01070--012
****908.75 ****908.75

2. Principal Office Address

3391 N.W. 151ST Turr

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

OPA Locka

City & State

FLORIDA

Zip

33054

Country

USA

Zip

33054

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/24/93

5. FEI Number

65-0396815

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

EDWIN R. FLETCHER

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

15760 Surrey Cir South

Suite, Apt. #, Etc.

City

DAVIE

State
FL

Zip Code

33331

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

Edwin R. Fletcher

REGISTERED AGENT MUST SIGN

Date **10/28/2000**

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
Pres.	EDWIN R. FLETCHER	15760 Surrey Cir. S.	DAVIE FL 33331
"Pres"	CEDRIC O. JENKINS	4294 FOXTAIL LANE	WESTON FL 33331

REINSTATEMENT

99.00

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 under section 119.07(3)(i), 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:

Edwin R. Fletcher

EDWIN R. FLETCHER

Date

10/28/2000

Daytime Phone #

305 986-4325

CR2E081 (9/99)