PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 FEB 25 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000032984

Corporation Name
B.C. Arvizo Construction Inc.

Principal Place of Business
12790 SW 188 st.
Miami, Fl 33177

Mailing Address
12790 SW 188 st
Miami, Fl 33177

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-00
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 5-3-93

5. FEI Number: 65-0459428 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ — $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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
	Bernardo Campuzano	12790 SW 188 St.	Miami, Fl 33177
	Maria Resendiz	12790 SW 188 st	Miami, Fl 33177
			200003168262--6 -03/14/00--01027--004 ******8.75 ******8.75
			200003168262--6 -03/14/00--01027--005 ***1200.00 ***1200.00

8. Name and Address of Current Registered Agent
Bernardo Campuzano
12790 SW 188 st
Miami, Fl 33177

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | 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 X _____ Date 2/22/00
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.) KE

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: X _____ Date 2/22/00 Daytime Phone # (786) 242-0189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/95)