PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02-03

FILED
03 APR 18 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000032984

1. Corporation Name

B.C. ARVIZU CONSTRUCTION INC.

Principal Place of Business	Mailing Address
12790 SW 188 ST. MIAMI FL 33177	12790 SW 188 ST. MIAMI FL 33177

800016229608
04/17/03--01097--009 **300.00

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

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

4. Date Incorporated or Qualified To Do Business in Florida: 05/03/1993

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 3	City / State / Zip 4
DP	CAMPUZANO, BERNARDO	12790 SW 188 ST.	MIAMI FL 33177
DV	RESENDIZ, MARIA	12790 SW 188 ST.	MIAMI FL 33177

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CAMPUZANO, BERNARDO 12790 SW 188 ST. MIAMI FL 33177	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent X SIGNATURE REQUIRED Date 4/1/03

REGISTERED AGENT MUST SIGN

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 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: SIGNATURE REQUIRED 4/1/03 (305) 970-5041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLORIDA DEPARTMENT OF REVENUE
ADMINISTRATIVE DISSOLUTION
OR REVOCATION

Re: B.C. Arvizu Construction Inc.
Document # P93000032984

April 1, 2003

To Whom It May Concern:

I am sending this letter because I received an application of Reinstatement for my Corporation, however but I did not receive the prior notice, (See the payment of $ 300.00 doll)

If you need additional information do not hesitate contact us at (305) 970-5041

Sincerely,

Bernardo Campuzano