

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION  
 FOR  
 REINSTATEMENT

**FILED**  
 98 SEP 14 AM 9:28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P 93 0000 54443

1. Corporation Name  
**M & D construction service**

Principal Place of Business Mailing Address  
**8545 S.W. 114th Court** **SAME**  
**Miami, Florida 33173**

**REINSTATEMENT**

94-98  
 AD

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1993	
City & State		City & State		5. FEI Number	
Zip		Zip		65 0426599	
Country		Country		Applied For	
				Not Applicable	
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)

1	2	3	4
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
Pre.	David Crawford	8545 S.W. 114th Ct	Miami, Fl. 33173
Vice-Pres	David Crawford	8545 S.W. 114th Ct.	Miami Fl. 33173
Sec.	David Crawford	8545 S.W. 114th Ct.	Miami, Fl. 33173
Trea.	David Crawford	8545 S.W. 114th Ct.	Miami, Fl. 33173

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 \*\*\*1358.75 \*\*\*1358.75

8. Name and Address of Current Registered Agent

**DAVID CRAWFORD**  
**8545 S.W. 114th Court**  
**Miami, Florida 33173**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State <b>FL</b> 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 *David Crawford* Date **August 31, 1998**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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: *David Crawford* 8/31/98 (305) 273 9353  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**David Crawford**

CR2E0401-981