

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  
97 NOV 19 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000064846**

1. Corporation Name  
**ALLIANCE CONSTRUCTION, INC.**

Principal Place of Business  
**2121 PONCE DE LEON BLVD.  
SUITE 650  
CORAL GABLES FL 33134  
US**

Mailing Address  
**2121 PONCE DE LEON BLVD.  
SUITE 650  
CORAL GABLES FL 33134**

300002353353-9  
-11/20/97-01085-031  
\*\*\*758.75 \*\*\*758.75

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.		09/10/1993	
City & State		City & State		5. FEI Number <b>65-0449087</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MEYERS, STUART I	2121 PONCE DE LEON BLVD Suite 650	CORAL GABLES FL <del>33149</del> 33134
D	LOPEZ, JORGE	2121 PONCE DE LEON BLVD Suite 650	CORAL GABLES FL <del>33149</del> 33134
<del>D</del>	<del>MARCUS, STEWART</del> Resigned	<del>2121 PONCE DE LEON BLVD</del>	<del>CORAL GABLES FL 33149</del>
<del>D</del>	<del>BOGGIO, LLOYD</del> resigned	<del>2121 PONCE DE LEON BLVD</del>	<del>CORAL GABLES FL 33149</del>

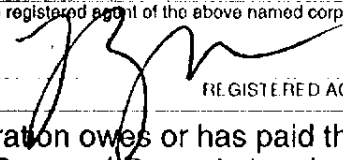
**REINSTATEMENT** 97  
sc 11-19-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>WOLFER, LEON J</b> <i>Leon J. Wolfe, Esp.</i> % BERMAN, WOLFE & RENNERT, P.A. 30TH FLOOR, INTERNATIONAL PLACE <i>Suite 3500</i> MIAMI FL 33131 - 2130 <i>100 S.E. 2nd St.</i>		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	
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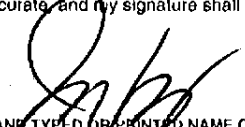
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 11/4/97

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 11/12/97 305-448-8258 Daytime Phone #

CR2E040 (8/97)