

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


APPROVED  
AND  
FILED

98 DEC -3 AM 8:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-12/10/98--01071--010

REINSTATEMENT 07-08

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PA3000080627</u> 1. Corporation Name Structure Services, Inc.			
Principal Place of Business 2323 S.W. 67 Ave. Miami, FL 33155		Mailing Address <u>WA8000025102</u> 9500 N.W. 12 Street, Bay 1 Miami, FL 33172	
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		Dec. 01, 1993	
5. FEI Number		65-0457152	
Applied For		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input 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)			
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
1	2	3	4
Pres.	Henry Angelo Jr.	8335 S. W. 84 Terrace	Miami, FL 33143
Sec/ Treas.	Edward Angelo	5130 Carillo Street	Coral Gables, FL 33146
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Mike Spring Law Offices of David L. Swimmer 8525 S.W. 92 Street, Suite B-4 Miami, FL 33156		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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.		Date <u>November 30, 1998</u>	
Signature of Registered Agent		REGISTERED AGENT MUST SIGN	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
(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: <u>Henry Angelo Jr.</u>		HENRY ANGELO 10/20/98 (305) 591-9212	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR220-9 (1/98)