

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 11 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *D94000005977*

1. Corporation Name

SANTOS CONSTRUCTION, INC.

2. Principal Office Address

SANTOS CONSTRUCTION, INC.

Suite, Apt. #, etc.

251 DEER ISLE DR.

City & State

WINTER GARDEN, FL

Zip

34787

Country

ORANGE

3. Mailing Office Address

SANTOS CONSTRUCTION, INC.

Suite, Apt. #, etc.

P.O. BOX 388

City & State

KILLARNEY, FL

Zip

34740-0388

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

JAN. 24, 1994

5. FEI Number

59-3258377

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HENRY R. SANTOS

Street Address (P.O. Box Number is Not Acceptable)

251 DEER ISLE DR.

Suite, Apt. #, Etc.

City

WINTER GARDEN

State

FL

Zip Code

34787

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Henry R. Santos

REGISTERED AGENT MUST SIGN

Date *FEB. 28, 2002*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>PSTD</i>	<i>HENRY R. SANTOS</i>	<i>251 DEER ISLE DR.</i>	<i>WINTER GARDEN, FL 34787</i>

REINSTATEMENT 9502

10. 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:

Henry R. Santos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 28, 2002

Date

(407) 808-3041

Daytime Phone #

Carl

SANTOS CONSTRUCTION, INC.

P.O. BOX 388 • KILLARNEY, FLORIDA 34740 • (407) 877-2248
LICENSE # CGC 24836

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

ATTN: Michelle Milligan

March 11, 2002

Dear Michelle:

I am requesting you waive the corporate reinstatement penalty fee,
as the filing documents were not received. Apparently the cause
was an incorrectly spelled principal office address and the omission
of the correct mailing address.

Thank you,

Henry R. Santos

Henry R. Santos