

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P94000007694

1. Corporation Name

GROUP CONSTRUCTION SOUTH FLORIDA, INC.

Principal Place of Business

7940 SW 48 ST
UNT 108-B
MIAMI FL 33155

Mailing Address

BOX 164852
MIAMI FL 33116

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

2. New Principal Office Address, If Applicable

9700 SW 104 ST

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

PO Box 160969

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33176

Country

USA

Zip

33116

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/1994

5. FEI Number

65-0466772

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	DE ARCOS, PATRICIO	9700 S.W. 104 ST.	MIAMI FL 33176
			500002112565--8 -03/13/97--01069--006 ****415.00 ****415.00
			500002112565--8 -03/13/97--01069--007 ****500.00 ****500.00
			03/11/97

8. Name and Address of Current Registered Agent

DE ARCOS, PATRICIO
9700 S.W. 104 ST.
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

Patricio de Arcos
REGISTERED AGENT MUST SIGN

Date 3-5-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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

PATRICIO DE ARCOS

Date

2-7-97 305 6616800

Daytime Phone #