

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 17 PM 7:25

DOCUMENT # P94000016209

1. Corporation Name

BUILDER'S ESTIMATING SERVICES, INC.

Principal Place of Business

Mailing Address

1460 WEST 4TH LANE
HIALEAH FL 33010

1460 WEST 4TH LANE
HIALEAH FL 33010

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

2. New Principal Office Address, If Applicable

669 W. 14 ST

3. New Mailing Office Address, If Applicable

669 W 14 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

City & State

HIALEAH FLORIDA

Zip

33010

Country

USA

Zip

33010

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1994

SP

5. FEI Number

65-0471892

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 3	City / State / Zip 4
DP	GARCIA, JOSE	1460 WEST 4TH LANE	HIALEAH FL
DVP	MORALES, MARIO	8810 NW 150 ST	MIAMI FL

4000004658364--3
-10/30/01--01010--001
***750.00 ***750.00

8. Name and Address of Current Registered Agent

GARCIA, JOSE
669 W. 14 STREET
HIALEAH FL 33010

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

JOSE GARCIA
REGISTERED AGENT MUST SIGN

Date

10/10/01

11. 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:

MARIO MORALES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/01 305-888-3119
Daytime Phone #

CR2040 (8/01)