


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED NOV 21 PM 4:41 SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # P94000022072						800004717528--8 -12/10/01--01112--026 ***1650.00 ***1650.00	
1. Corporation Name MIVA CONSTRUCTION, INC. W0100026804							
2. Principal Office Address 1128 N PARK LN W.P.B. FL 33417			3. Mailing Office Address 1128 N PARK LN W.P.B. FL 33417				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State WEST PALM BEACH FL			City & State WEST PALM BEACH FL			4. Date Incorporated or Qualified To Do Business in Florida 3-18-94	
Zip 33417		Country PALM BEACH		Zip 33417		Country PALM BEACH	
5. FEI Number 65-0492895						Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>						\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name MIGUEL A. GARCIA	
Street Address (P.O. Box Number is Not Acceptable) 1128 N. PARK LN	
Suite, Apt. #, Etc.	
City WEST PALM BEACH	State FL
	Zip Code 33417

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 Miguel A Garcia	Date 11-15-01
REGISTERED AGENT MUST SIGN	

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
Pres.	Miguel A. Garcia	1128 N. Park Lane	West Palm Bch, FL 33417

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: Miguel A Garcia	11-15-01 561-452-4820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #