PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 OCT -9 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000015905

1. Corporation Name
SOUTH FLORIDA GRADING, INC.

Principal Place of Business
12484 N.W. S. RIVER DRIVE
MEDLEY, FLORIDA 33178

Mailing Address
P.O. BOX 833275
MIAMI, FL 33283-3275

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

REINSTATEMENT 9/1-97

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
FEBRUARY 27/95

5. FEI Number
65-0678227
☐ 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
P	VICENTE E FERRANDO JR.	14887 S.W. 60 ST.	MIAMI, FL 33193
V.S.	VICENTE E FERRANDO S.R.	743 N.W. 135 CT	MIAMI, FL 33182
			200002321052--7 -10/15/97--01076--023 ******8.75 ******8.75
			10-10-97

8. Name and Address of Current Registered Agent
VICENTE E FERRANDO JR.
14887 S.W. 60 ST.
MIAMI, FL 33193

9. Name and Address of New Registered Agent
Name
200002321052--7 -10/15/97--01076--024 ****915.00 ****915.00
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CP2E040 (12/96)

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 [signature] REGISTERED AGENT MUST SIGN Date 10/07/1997

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)(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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10/07/1997 Date (305) 512-5076 Daytime Phone #