

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **995000040872**

1. Corporation Name

Construction Services of Miami, Inc.

2. Principal Office Address

2742 SW 8th Street
Suite, Apt. #, etc.
205

City & State
Miami, Florida

Zip
33135

3. Mailing Office Address

2742 SW 8th Street
Suite, Apt. #, etc.
205

City & State
Miami, Florida

Zip
33135

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-24-98 SP

5. FEI Number

65-0582745

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

Maggi Luisa Pons

Street Address (P.O. Box Not Acceptable)

2474 SW 13 Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33145

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**

Maggi L. Pons

REGISTERED AGENT MUST SIGN

Date **10-31-00**

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	Mario Andres Pons	2474 SW 13 Street	Miami, FL 33145
V-Pres	Maggi Luisa Pons	2474 SW 13 Street	Miami, FL 33145

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******908.75 ****908.75**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/00

Date

305-644-3999

Daytime Phone #