

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

97 NOV -3 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000042708

1. Corporation Name
MIAMI SKYLINE CONSTRUCTION CORP.

Principal Place of Business 3741 NE 163 ST #173 N MIAMI BEACH FL 33160	Mailing Address 3741 NE 163 ST #173 N MIAMI BEACH FL 33160
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0599009	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	RODRIGUEZ, CLAUDIO	3722 NE 166 ST.	N MIAMI BEACH FL 33160
			500002337245--6 -11/04/97--01025--021 ***165.00 ***165.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, CLAUDIO
3722 NE 166 ST
N MIAMI BEACH FL 33160

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 Date 10-31-97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(l), 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: Claudio Rodriguez 10-31-97 945-8018.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E040 (8/97)

October 30, 1997

Florida Department of State
Division of Corporations
P.O. Box. 6327
Tallahassee, Florida 32314

To whom it may concern:

This letter is to specify that on April 29, 1997 I mailed Check # 2215 for the amount of \$165.00 (see attached copy of my records). For some reason that check was never paid. I believe the check was lost in the mail. As per my phone conversation with your office on October 24, 1997, I am enclosing a new check for the amount of \$165.00.

I thank for your cooperation. Please do not hesitate to call us if you have any questions.

Sincerely
Claudio Rodriguez



Miami Skyline Construction Corp.

Doc. # P95000042708

Ph # (305) 945-8018