

P95000054126

(Requestor's Name)

Eduardo L. Abril  
2495 West 80th Street, Suite 5  
Hialeah, Florida 33016

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95 JUL 13 PM 2:12

FILED

700001529747  
-07/05/95--01039--006  
\*\*\*\*122.50 \*\*\*\*122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Abril Builders Corp.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

DPK  
7-6-95  
was-13627  
789,608 706,671



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 6, 1995

EDUARDO L. ABRIL  
2495 WEST 80TH STREET, SUITE 5  
HIALEAH, FL 33016

SUBJECT: ABRIL BUILDERS CORP.  
Ref. Number: W95000013627

We have received your document for ABRIL BUILDERS CORP. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6933.

Dana Farmer  
Document Specialist

Letter Number: 095A00032776

FILED

ABRIL BUILDERS CORP.

95 JUL 13 PM 2:12

Articles of Incorporation

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

THE UNDERSIGNED, desiring to incorporate a corporation under the provision of the Florida Corporation Act does hereby certify:

1. The name of the Corporation is Abril Builders Corp.
2. The term for which the Corporation is to exist is perpetual.
3. The general nature of the business to be transacted by the Corporation shall be to engage in any lawful act permitted under the laws of the United States of America and of the State of Florida, as limited by the provisions of the Florida Corporation Act.
4. The aggregate number of shares of capital stock which the Corporation shall have the authority to issue is five hundred (500) shares of common stock having a per value of one dollar (\$1.00) each.
5. The initial principal office of the Corporation shall be located at 90 West Sunrise Ave., Coral Gables, Florida 33133  
  
Registered Agent shall be Eduardo L. Abril  
Registered Office shall be at 90 W. Sunrise Ave.  
Coral Gables, Florida 33133
6. The initial Board of Directors shall be comprised of one (1) members. The number of Directors may be either increased or diminished from time to time by the Bylaws but shall never be less than one (1).

The name and address of the initial Director is:

<u>NAME</u>	<u>ADDRESS</u>
Eduardo L. Abril	90 West Sunrise Ave. Coral Gables, Fl. 33133

7. The name and address of the incorporator hereof is:

<u>NAME</u>	<u>ADDRESS</u>
Eduardo L. Abril	90 West Sunrise Ave. Coral Gables, Fl. 33133

8. The formation of the Corporation shall be effective as of the date of execution and acknowledgement hereof.

9. With respect to all shares of stock of the Corporation, every Shareholder upon a sale for cash or other property of any such new shares of stock, or options or warrants therefor, shall have the pre-emptive right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the same price at which such new shares of stock, or option or warrants therefor, are offered to others.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this 27 day of June 1995.

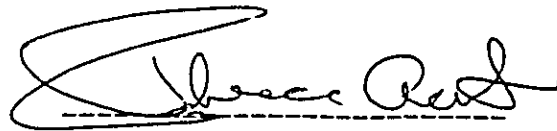


Eduardo L. Abril

STATE OF FLORIDA;  
COUNTY OF DADE }

BEFORE ME, the undersigned authority, personally appeared Eduardo L. Abril whom, upon being first duly sworn acknowledged that he executed the foregoing document freely and voluntarily and for the purpose therein expressed.

WITNESS my hand and official seal in the County and State last aforesaid this 28 day of June 1995.

A handwritten signature in cursive script, appearing to read "Rebecca Acosta", written over a horizontal dashed line.

My Commission Expires:

**REBECCA ACOSTA**  
Notary Public, State of Florida  
My Comm. Expires Jan. 3, 1998  
No. CC 338407  
Bonds To: Official Notary Service

CERTIFICATE DESIGNATING PLACE OF  
BUSINESS OR DOMICILE FOR THE SERVICE  
OF PROCESS WITHIN THIS STATE, NAMING  
AGENT UPON WHOM PROCESS MAY BE VERIFIED

FILED  
95 JUL 13 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

That Abril Builders Corp. the laws of desiring to organize under the State of Florida, with its principal office at 90 West Sunrise Ave., Coral Gables, Fl. 33133, County of Dade, State of Florida, as its agent to accept service of process within this State.

Acknowledgement:

Having been named to accept service of process for the above stated people, at the place designated in this Certificate, the undersigned hereby agrees to act in this capacity and agrees to comply with the provisions of said Act relative to keeping open said office.

*Eduardo L. Abril*

Eduardo L. Abril

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000054126**

1. Corporation Name

**ABRIL BUILDERS CORP.**

**FILED**

96 OCT -7 PM 5:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/6/97

Principal Place of Business

90 WEST SUNRISE AVE  
CORAL GABLES FL 33133

Mailing Address

90 WEST SUNRISE AVE  
CORAL GABLES FL 33133



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

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

07/13/1995

5. FEI Number

05-0638049

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)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

(Do NOT Use Post Office Box Numbers)

City / State / Zip

1

ABRIL, EDUARDO L

90 WEST SUNRISE AVE

CORAL GABLES FL 33133

8:00001380558--1  
-10/18/96--01101--007  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

ABRIL, EDUARDO L  
90 WEST SUNRISE AVE  
CORAL GABLES FL 33133

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

*Eduardo L. Abril*

Date 10-01-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(Turn 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:

*Eduardo L. Abril*

VICE PRESIDENT

10/1/96 (305) 823-7859

CR2E040 (7/95)