

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 10 PM 1:45

DOCUMENT # P95000057315

1. Corporation Name

Continental Construction, Inc.

2. Principal Office Address

15913 NW 49 Ave.

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33014

Country

USA

3. Mailing Office Address

15913 NW 49 Ave.

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33014

Country

USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

7-25-95

5. FEI Number

45-0598243

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

Rodolfo Rojas

Street Address (P.O. Box Number is Not Acceptable)

20852 NW 19 St.

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

500004316135

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****908.75 ****908.75

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

REGISTERED AGENT MUST SIGN

Date

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

V.P.

Marilyn Rojas

20852

NW 19 St.

Pembroke Pines, FL 33029

Pres

Rodolfo Rojas

20852

NW 19 St.

Pembroke Pines, FL 33029

5/15/03

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

5/08/2001

Date

(305) 621-5260

Daytime Phone #

CR2E081 (9/00)