. PLEASE READ	ALL INST	TRUCTIONS	BEFORE C	OMPLET	ING THIS	MOAM.	[062_	
APPLICATION REINGATEMENT	FLORIDA DEPARTME Sandra B. Moi Secretary of S DIVISION OF CORPO		NT OF STATE tham state		98 NOV 1 SECRETA	TLED O AMII: RY OF STAT	STATE	
DOCUMENT # P9600000145 1. Corporation Name					TALLAHĀS	SEE. FLOR	ĪDA	
SOUTHDADE INT. CONTRAC	TORS.	CORP.						
Principal Place of Business Mailing Address								
13605 S. DIXIE HWY STE 142 MIAMI, FLORIDA 33176 (SAME)								
If above addresses are incorrect in any way, line thro					DO NOT WRIT	E IN THIS SPACE		
2. New Principal Office Address, If Applicable 13605 S DTXTE HWY	3. New Mail	ing Address, If Applica	ble	Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt. # etc. 1.4.2	Suite, Apt. #,	etc.		5. FEI Number	•	01/02/	1996 Applied For	
ity & State City & State				65-0635077 Noi Applicable				
MIAMI, FL Country 33176	Zip	Country	· · · · · ·	6. CERTIFICATE	OF STATUS DESIF	ED S8.75 Ad	ditional Fee required ertificate of Status	
7. Names and Street Addresses of Each Officer and/o	r Director (Fig							
Title(s) Name of Officers and/or Oirectors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			4	City / State / Z	ĵρ	
P/D/T EDELIA MICHELENA		217 E. 4	3TH STREE	T	HIALEAH, FL 33012			
AGUSTIN PEREZ		13605 S. DIXIE HWY. 142			MIAMI,	FL 3317	6	
				00002 -11/1 ****	0026894235 -11/17/9801048001 *****315.00 *****315.00			
					·	PV11/	13	
Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent				
ACOCTIAN T PONDS Suite, Apt. #, Etc.					is Not Acceptable)	rga 11e H	ywy 19	
Mign						State Zip	Code 33176	
10. I, being appointed the registered agent of the above Signature of Registered Agent		oration, am familiar wit	h and accept the ob	ligations of Section	on 607,0505, F.S.	6U-6	-98	
11. Does this corporation pay a Dept. of Revenue under S.	ny intang	ible tax to the	e ites. Yes[No [2		ee other side for ji on intangible i	nformation ax')	
12. I do hereby certify that the information supplied wi lease the Division of Corporations from any liability certify that I am an officer or director or the receiv this reinstatement application the reason for disso fees owed by the corporation have been paid. The under oath.	of non-complia er or trustee er	ance with Section 119 appowered to execute	.07(3)(k) in the ever	nt that the informs provided for in ch	ation supplied is di apter 607 or 617.	eemed exempt from F.S. I further cert 5401 or 617.0401 ve the same lega	om public access. I	

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



October 23, 1998

FLORIDA DEPARTMENT OF STATE DIVISIONS OF CORPORATIONS

RE: APLICATION FOR REINSTATEMENT SOUTHDADE INT. CONTRACTORS. CORP. DOCUMENT # P96000000145

DEAR SIRS:

I'M ENCLOSING AN APPLICATION FOR REINSTATEMENT, AND ALSO THE FILING FEE FOR \$ 315. I NEVER GOT BY MAIL THE CORPORATE ANNUAL REPORT FOR 1997, THAT'S WHY I HAD TO FILE IT OUT A REINSTATEMENT FORM. SOUTHDADE INT. CONTRACTORS. CORP. HAS CHANGED ITS ADDRESS. I'M INCLUDING IN THIS APLICATION FOR REINSTATEMENT A NEW MAILING ADDRESS, PLEASE ADJUST YOUR RECORDS ACCORDINGLY. THANKS IN ADVANCE FOR YOUR ATTENTION.

SINCERELY,

EDELIA MICHELENA

PRESIDENT