

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 FEB 16 PM 2:18
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000000145

1. Corporation Name

SOUTH DADE INT. CONTRACTORS, CORP.

REINSTATEMENT 05-96

2. Principal Office Address

3245 VIRGINIA STREET

3. Mailing Office Address

3245 VIRGINIA STREET

Suite, Apt. #, etc.

SUITE 25

Suite, Apt. #, etc.

SUITE 25

City & State

COCONUT GROVE, FL

City & State

COCONUT GROVE, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/1996

5. FEI Number

650635077

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

T. Roberts FEB 20 2006

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

ROBERTO F. FLEITAS

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

782 NW LEJEUNE ROAD

900066370619

02/22/06--01020--012 **301.00

Suite, Apt. #, etc.

SUITE 530

City

MIAMI

State

FL

Zip Code

33126

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

02-09-2006

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
PDT	AGUSTIN PEREZ	3245 VIRGINIA STREET	COCONUT GROVE, FL 33133

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 corporation 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 contained in Chapter 119, 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

02-09-2006

Date

305-567-0555

Daytime Phone #

fs 292

**SOUTH DADE INTERIORS CONTRACTORS, CORP.
3245 VIRGINIA STREET
SUITE 25
COCONUT GROVE, FLORIDA 33133**

February 9, 2006

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

Re: Corporation Reinstatement
Doc # P96000000145

Dear Sir or Madam:

Enclosed please find the following:

1. Corporation Reinstatement Application
2. Check No. 006168 for \$300.00 for the Annual Report & Corporate Supplemental Fees for the years 2005 and 2006.

Kindly note, this corporation did not receive the annual report notices in the year of dissolution/revocation.

Very truly yours,


AGUSTIN PEREZ

Enc(s)