	ALL INSTRUCTIONS	BEFORE COMPLET	TING THIS FORM.
APPLICATION FOR REINSTATEMENT	FZORID DEPA TATA Kether ne Ha Secretary of S	AT OF STE	FILED
DOCUMENT # P94000	DIVISION OF CORPOR	RATIONS	n JUN - 2 PM 3: 08
1. Corporation Name Cal Construction	•	:.	CLUMENTARY OF STATE LEXIMAGEEE, FLORIDA
Principal Place of Business 900 WEST 49 44 HIDLEAH, FL 3	Mailing Address 5 + NEE+, SUITE 30 / Z		STATEMENT 97-990
New Principal Office Address, If Applicable	New Mailing Office Address, If	Applicable 4. Date Incor	reporated or Qualified giness in Florida 2 - 22 - 96
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State	5 FEI Numb	
Zip Country	Zip Countr	6.	S8.75 Additional Fee required
7. Names and Street Addresses of Each Officer and/o		CEHTIFICA	TE OF STATUS DESIRED L. for a Certificate of Status
Title(s) 2 Name of Officers and/or Directors P GASPAR LEYV	Off 3 (Do NOT US	eet Address of Each flicer and/or Director se Post Office Box Numbers) SS / 72 40 #SUC FC 330/8	4 City/State/Inp HIALAH, FL 33018
VP LOSE IGLESIA	3661 5.W S MAMI, A	•	MIAMI, FL 33/35
Sx ABILIO RODILA	UKZ MIANI,	2. 21 tans PC 33145	MIAMI, FL 33145
The RAFARLA LEY.	VA HIALBAN	f 7300 fam FZ 33018	HIALANH, PL 33018
		<u></u>	000028980857
			***1050.00 ***1050.00
8. Name and Address of Current R	egistered Agent	9. Name and	Address of New Registered Agen
		Name 54 A Street Address (P.O. Box Number Suite, Apt. #, Etc.	Address of New Registered Agen* 1 E 7 is Not Acceptable)
Signature of Registered Agent	e named corporation, am familiar wi	Name Street Address (P.O. Box Number Suite, Apt #, Etc. City	Address of New Registered Agen: 1 E 1 Is Not Acceptable) State State Zir Code FL
Signature of Registered Agent	e named corporation, am familiar wi SISTERED AGENT MUST SIGN CUrrent year	Name Street Address (P.O. Box Number Suite, Apt #, Etc. City	Address of New Registered Agen 1 E It is Not Acceptable) State Zir Code FL Charles Zir Code Ch
10. I, being appointed the registered agent of the above Signature of Registered Agent REC 11. This corporation owes the contraction of the receive this reinstatement application, the reason for dissolution of the receiver this reinstatement application, the reason for dissolution and the reason for dissolution of the receiver this reinstatement application, the reason for dissolution of the receiver this reinstatement application, the reason for dissolution of the receiver the re	e named corporation, am familiar with a second contract of the courrent year y Tax due June 30. The corporation of the corporate of the corpo	Name Street Address (P.O. Box Number Suite, Apt. #, Etc. City The and accept the obligations of Section 1 and accept the obligations of Section 2 and 2 a	Address of New Registered Agen 1 E Tris Not Acceptable) State Zr Code FL Chon 607.0505, F.S Date 2/25/99 (See other side for information on intangible tax.)

G.L. Construction Group, Inc.

CORPORATE DATA

as at MAY 31, 1999

Date of Incorporation: 2-22-96

State of Incorporation: Florida.

Principal Place of Business. HIALEAN.

Directors:

Officers:

GASPAR (EYVA. President
JOSÉ IGLESIAS. Vice-President
Abilio Rodriguez Secretary
RAFAELA (EYVA. Treasurer

Bank Accounts:

DAHONS BANK.

Fiscal Year:
1999
Annual Meeting Date:

Fiscal Year:	
1999	
Annual Meeting Date:	
4/98	
Annual Meeting Date: H/98 Shareholders:	Number of Shares
GASPAR LEYVA.	50%
JOSE IGUESIAS	50%.