

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



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

02 APR -4 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000020786

1. Corporation Name

KAISER Contractor Corporation

2. Principal Office Address

6304 GRANT COURT.

3. Mailing Office Address

6304 GRANT COURT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL.

City & State

Hollywood FL.

Zip

33024

Country

U.S.A

Zip

33024

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 6, 1996

5. FEI Number

65-0651829

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$S 75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

01-02

7. Name and Address of Current Registered Agent

Name

Jorge A. Morell

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

6304 GRANT COURT.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33024

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 X

REGISTERED AGENT MUST SIGN

Date

1/23/02

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
PRES	Jorge Morell	6304 GRANT CT Hollywood FL 33024	Hollywood FL 33024

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

Date

Daytime Phone #

1/23/02

CR2E081 (9/01)