

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P960000041392*

1. Corporation Name

Florida Shell Construction Inc.

2. Principal Office Address

9000 Sheridan St

Suite, Apt. #, etc.

Suite 173

City & State

Pembroke Pine FL

Zip

33024

Country

Broward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

1996 5/8/96

5. FEI Number

65 0678947

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

Enrique Perez

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

9000 Sheridan St Suite 173

300037666613

*06/04/04--01035--013 **308.75*

Suite, Apt. #, Etc.

Suite 173

City

Pembroke Pine

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/22/04

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
<i>Pres</i>	<i>Enrique Perez</i>	<i>9000 Sheridan St Suite 173</i>	<i>Pembroke Pine FL 33024</i>
<i>D</i>	<i>Enrique Perez</i>	<i>9000 Sheridan St Suite 173</i>	<i>Pembroke Pine FL 33024</i>

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Enrique Perez

Date

6/22/04

Daytime Phone #

984 450-9843
984 410-8410

CR2E081 (10/02)

PS 2072

06/02/04

To Hum At My concern

4 We move from suite 145 to site 173 please could you wave the \$ 600.00 feed Because
never receive the original document.

Should any additional information be required please feel free to contact me
954 410-8410