PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL -2 AM 10:59

DOCUMENT # P96000048995

1. Corporation Name

Structon, Inc.

~~P96000048995~~

REINSTATEMENT 97-01

2. Principal Office Address	3. Mailing Office Address
782 NW Lejeune Road	
Suite, Apt. #, etc.: Suite 555	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33126 Country: Mia-Dade	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0696962 ☐ 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: Luis H. Espinosa

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-07/10/01--01069--013
******8.75 ******8.75

Street Address (P.O. Box Number is Not Acceptable): 782 NW 42 ave.

Suite, Apt. #, Etc.: 555

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: _____ Date: _____
REGISTERED AGENT MUST SIGN

CR2E051 (5/00)

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
P	Antonio J. Cabrera, Dp.	782 NW 42 ave. #555 Miami, FL 33126	Miami, FL 33126
VP	Luis H. Espinosa	782 NW 42 ave #555	Miami, FL 33126
			600004467676--9 -07/10/01--01069--014 ***150.00 ***135.00
		97-01	
	REINSTATEMENT		

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: _____ 5/1/01 (305) 445-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32524F.1