


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

CORPORATION REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 NOV 30 PM 5:48

DOCUMENT # P96000051959

1. Corporation Name
 BEDROCK STRUCTURES, INC.

2. Principal Office Address
 4075 NW 135 ST

3. Mailing Office Address
 4075 NW 135 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPA LOCKA, FL 33054

City & State

OPA LOCKA, FL 33054

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 06/18/96

5. FEI Number 650676060

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

CARLOS CORTADA JR.

300003491383 -- 7
 -12/08/00--01024--001
 ****150.00--****150.00

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

3278 E 70 ST

Suite, Apt. #, Etc.

201

City

HIALEAH, FL 33018

State

FL

Zip Code

33018

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

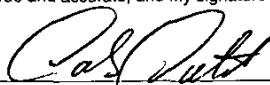
REGISTERED AGENT MUST SIGN

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
D	CARLOS CORTADA JR	3278 W 70 ST #201	HIALEAH, FL 33018
D	CARLOS A. CORTADA	4325 NW 197 ST	CAROL CITY, FL 33055

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:



(CARLOS CORTADA JR.) 11-20-00 305-769-300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)

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P96-51959

BEDROCK STRUCTURES, INC.

4075 NW 135 ST, Opa Locka, FL 33054

Division of Corporation
PO BOX 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find a check, issued to Department of State, in the amount of \$150.00 for the filing the attached reinstatement form.

We hereby requesting that the late charge fee be waived due to the fact that because our address changed, we never received the corresponding Annual Report.

Thank you for your cooperation on this matter.

Very truly yours,

Carlos Cortada Jr.



Enclosure

