

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY -1 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000083249

1. Corporation Name

DM.O. CONSTRUCTION INC

2. Principal Office Address

4358 EAST 9 COURT

Suite, Apt. #, etc.

City & State

HALEAH - FLA

Zip

33013

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

33013

Country

DADE

500003245185-3

-05/09/00--01093--031

*****500.00 *****500.00

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

5. FEI Number

650731556

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

MARTHA M. VEGA

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

4358 EAST 9 COURT

Suite, Apt. #, Etc.

HALEAH - FLA

City

HALEAH

State
FL

Zip Code

33013

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

Martha Vega

REGISTERED AGENT MUST SIGN

Date 5-23-00

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
PO	EUGENE PEREZ	4358 EAST 9 CT.	HALEAH - FLA 33013
JO	MARTHA M VEGA	4358 East 9 ct.	HALEAH - FLA 33013
			500003245185-3 -05/09/00--01093--030 *****500.00 *****500.00
			REINSTATEMENT 9-1-00 TS

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

Eugene Perez

Date

5-23-00

Daytime Phone #

305-7691659