

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 SEP -6 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000097531

1. Corporation Name

BUENA VISTA BUILDING SERVICES, INC.
15881 SW 42nd Terrace
Miami, FL 33185

2. Principal Office Address - No P.O. Box #

15881 SW 42nd Terrace
Suite, Apt. #, etc.

3. Mailing Office Address

15881 SW 42nd Terrace
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33185

Country

USA

Zip

33185

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

11/12/1997

5. FEI Number

65-0714139

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

CLARA SUENGAS

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

15881 SW 42nd Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33185

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Clara Suengas

REGISTERED AGENT MUST SIGN

Date 8/17/07

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
President	CLARA SUENGAS	15881 SW 42nd Terrace	Miami, FL 33185

08/24/07--01029--004 **1058.75

REINSTATEMENT 09-07

RH

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 contained in Chapter 119, 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:

Clara Suengas

CLARA SUENGAS

8/17/07

305-803-3334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #