PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT					FLORIDA DEPARTMENT OF STATE · "Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED 01 JAN -5 AM 8: 56					
DOCUMENT # 1. Corporation Name SITE IMPROVEMENT & CONSTRUCTION, INC.								SECNETARY OF STATE TALLAHASSEE, FLORIDA					
			10119	•	-,00,,	. 0011010, 2.	<i>N</i> C.						
520	al Office Addr		De.		3. Mailing Office Address P.O.BO× 1852				-				
Suite (Apt.) / O.2 City & State					Suite, Apt. #, etc.				4. Date Incorporated or Qualified FILED- To Do Business in Florida FEBRUARY 3, 1992				
DEERFIELD BEACH, FL.					City & State BOCA RATON, FL.			5. FEI Number Applied For Not Applicable					
334	142	Country	5.4_	^{Zip} 33429 -	-185Z	Country USA.		CERTIFICATE	OF STATU	S DESIRED S	8.75 Additional for a Certificate	Fee required of Status	
] ·		7.	ed Agent									
	Name PAUL P. TAGLIERO Street Address (P.O. Box Number is Nof Acceptable) 520 JEFFERSON DR,						2	00	00353 -01/12/01 ****900.1	01084-	-016		
	Suite, Apt. #, Etc. A P7. 102									****JUU.	ሀህ <i>የተተተ</i>	900.00	
	City 🔎	EEK	PIELZ	BEAG	CH,				State FL	Zip Code 33448	2		
3. I, being Signature of Registered A	:	e registere	ed agent of the ab	ove named corp	oration, am f	amiliar with and accep	ot the obl	ligations of section		05 or 617.0503, F.		200/	
				EGISTERE D A	GENT MUST	SIGN							
9. Names	and Street A	ddresses	of Each Officer ar	nd/or Director (Fl	lorida nonpro	fit corporations must li	ist at leas	st 3 directors)			•		
Titles		- Officer	Name of sand/or Director	3	Street Address of Each Officer and/or Director			City / State / Zip					
PRES,	PAUL P. TAGLIER			Rs.	5-20 FEFFERSON D. APT. 102			e -	- DEER FIRLD BEACH, Fl. 33442				
					-			-					
			7 Febr			<u></u>							
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	manager and the second	and the second	Carlos de la compansión d	S. S. S. Coccercia	. 11% materi feries i		s ar more reserved				on or the state of the state of		
this rein owed by	statement ap y the corporat application is	plication, ion have i	the reason for dis been paid and the	solution has bee rnames of individual signature shall hi	n eliminated, duals listed o aye the same	execute this application the corporate name sain this form do not quality legal effect as if made	atisfies th lify for an e under d	he requirements on exemption under oath.	section section	607.0401 or 617 0	0401, F.S., that a The information in	all fees ndicated	
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Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR