

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP 28 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000020197

1. Corporation Name

J.M. Iglesias Construction, Inc.

2. Principal Office Address

3661 S.W. 12 St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33135

Country

USA

3. Mailing Office Address

3661 S.W. 12 St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33135

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

3-5-97

5. FEI Number

65-0752494

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

Jose M. Iglesias

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

3661 S.W. 12 St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33135

400003417244-1

-10/06/00-01094-021

****308.75 ****308.75

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

Jose M. Iglesias

REGISTERED AGENT MUST SIGN

Date 9/27/00

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
DP	Jose M. Iglesias	3661 S.W. 12 St.	Miami, FL 33135
DSR	Maria A. Iglesias	3661 S.W. 12 St.	Miami, FL 33135
DT	Abilio Rodriguez	3131 S.W. 21 Terr.	Miami, FL 33145

LS

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)(l), 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:

Jose M. Iglesias Jose M. Iglesias

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/00

Date

(305) 476-1586

Daytime Phone #