

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 OCT 30 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # P97000042902

Pil CONSTRUCTION INC

1a. Principal Place of Business Address

REINSTATEMENT 98

2. Mailing Address

10240 SW 56 ST

2a. Principal Place of Business

245 SW 1st ST

Suite, Apt. #, etc.

STE 115

Suite, Apt. #, etc.

STE 332

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33165

Country

DADE

Zip

33131

Country

DADE

3. Date Organized or Qualified

5/12/97

3a. State of Formation

FLORIDA

4. FEI Number

65-0751939

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Name

Julio Cesar DA SILVA

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

1349 MEADOWS Blvd

Suite, Apt. #, etc.

City

FT LAUDERDALE

Zip Code

FL 33327-1809

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date 10/26/98

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

PT JAIR GERSON PIANOWSKI

245 SW 1 ST # 332

MIAMI FL 33131

VP JULIO CESAR DA SILVA

245 SW 1 ST # 332

MIAMI FL 33131

S MARCIA REGINA RATON

800 CLAUGHTON Island
1602

MIAMI FL 33131

300002678663--9

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****750.00 ****750.00

10/30

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Date 10/26/98

Daytime Phone (305) 358-3411

Typed or printed name of signing Managing Member/Manager

JULIO CESAR DA SILVA