
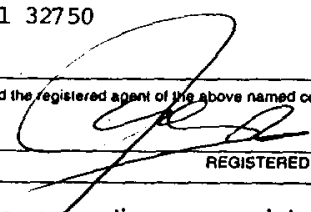


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-weight: bold;">99 DEC 16 PM 2:00</div> <div style="font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
DOCUMENT # P97000047504 1. Corporation Name CONSTRUCTORA NORTH AMERICA, INC					
Principal Place of Business 1855 W. State Road 434 Suite 228-C Longwood, FL 32750		Mailing Address 1855 W. State Road 434 Suite 228-C Longwood, FL 32750			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable 2440 Coral Way Suite, Apt. #, etc.		3. New Mailing Address, if Applicable 2440 Coral Way Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 05/27/97	
City & State Miami, Florida		City & State Miami, Florida		5. FEI Number 59-3448011	
Zip 33145		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$9.75 Additional Fee required for a Certificate of Status</small>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P/D	Sara Martinez	4347 Greekside Blvd,	Kissimmee, Florida 34746		
VP/D	Vanessa Frias Martinez	4347 Greekside Blvd,	Kissimmee, Florida 34746		
S/T/D	Maria E. Martinez	4347 Greekside Blvd,	Kissimmee, Florida 34746		
				8000003077478-2 -12/22/99--01011--009 *****600.00 *****600.00 <div style="font-size: 1.5em; font-weight: bold;">LS</div>	
8. Name and Address of Current Registered Agent Sara Martinez 1855 W. State Road 434 Suite 228-C Longwood, FL 32750			9. Name and Address of New Registered Agent Name Raul F. Pino, Esq Street Address (P.O. Box Number is Not Acceptable) 2440 Coral Way Suite, Apt. #, Etc. City Miami State FL Zip Code 33145		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent _____ Date <u>12-14-99</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: 		12-14-99 (305) 854-1904			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

CR25046 (12/95)