PLEASE READ ALL INS	STRUCTIONS BEFORE (OMPLETING THIS FORM.
APPLICATION FLORE	IDA DEPARTMENT OF STATE	The state of the s
FOR	Sandra B. Mortham Secretary of State	FILED
REINSTATEMENT	DIVISION OF CORPORATIONS	
DOCUMENT # P97000064263 1. Corporation Name		98 NOV 20 PM 1:31
JULIAN V. CONSTRUCTION, CORP.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
JOLIAN V. CONSTRUCTION, CORP.		MALA MODEL, PLONIDA
Principal Place of Business Mailing Address		
489 SW-125TH-TERRACE 489 SW-125TH-TERRACE FT. LAUDERDALE FL 33325 FT. LAUDERDALE FL 33325		
		REINSTATEMENT (AD
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, if Applicable. 3. New Mailing Office Address, If Applicable.		SERVICE FOR SERVICE STREET
4985.W. 1264h Ave 4885.W. 1264h AVC		Date Incorporated or Qualified To Do Business in Florida 07/23/1997
Suite, Apt. #, etc. Suite, Apt.	·	5. FEI Number Applied For
City & State Lt. LOUISETS LE T. City & State Lt. Louise Le T. City & State Lt. Lou	Lauderdule 71.	65-6769820 Not Applicable
733325 U.S.A 7333	25 Country S. A.	CERTIFICATE OF STATUS DESIRED (\$\frac{1}{2}\) \$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (F		
Title(s) Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director Office Post Office Box No	City / State / Zip
Pres Fred Valancia	488517 17646	This I / Culod/ 7/ 3225
1113.11 169 Vela 39023	160 0.00. 126	1 cl 1 1 1 1 1
V-P Brennys VEID Squez	788 5. W. 126	the the handerdale H. 333.75
V.T. Hbelino Olivera	4885.W. 126 A	ve. Ft. Lauderdale H. 33325
		2000026989929
		****750.00 ****750.00 -
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Name and Address of Current Registered A	nent	9. Name and Address of New Registered Agent
Name Name		
		edy V. Velasquez O. Box Number is Not Acceptable) W. 126 Avenue
489-SW-125TH_TERRACE FT. LAUDERDALE FL 33325 Suite, Apt. #, Etc.		.W. D6 4 Avenue
111 2 103213/1421 1 2 00020	City (/ / State Zip Code
10. I, being appointed the registered agent of the above named cor	Ft. Lau	derdale FL 33325
Signature of The William III I I I REPORTED 11/12/28		
Registered Agent Agent Date Date		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No		
12. 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 filling 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)(i), 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		