

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 31 AM 7:38

DOCUMENT # P97000068891

1. Corporation Name

MUNILLA CONSTRUCTION MANAGEMENT CORP.

2. Principal Office Address - No P.O. Box

6201 SW 70 STREET

3. Mailing Office Address

6201 SW 70 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2ND FLOOR

2ND FLOOR

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Zip

33143

33143

Country

Country

USA

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/1997

5. FEI Number
650828428

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

PEDRO MUNILLA

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

6201 SW 70 STREET

Suite, Apt. #, Etc.

2ND FLOOR

City

MIAMI, FL

State

FL

Zip Code

33143

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 3/27/09

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
D	FERNANDO MUNILLA	6201 SW 70 STREET, 2ND FLOOR	MIAMI, FL 33143

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-09

Date

305.740.1017

Daytime Phone #



April 1, 2009

Department of State
Division of Corporations
ATTN KAREN SALY
P.O. Box 6327
Tallahassee, FL 32314-6327

VIA FACSIMILE 850.245.6017

Re **DOCUMENT # P97000068891 - MUNILLA CONSTRUCTION
MANAGEMENT, CORP.**

Dear Ms. Saly,

Pursuant to your conversation with my Assistant, Melissa Delgado, please be advised that MUNILLA CONSTRUCTION MANAGEMENT, LLC, is owner of MUNILLA CONSTRUCTION MANAGEMENT, CORP. and therefore, we would like to use the name for the Corporation as well.

Sincerely,
MCM

Pedro R. Munilla