

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 97000071742			
1. Corporation Name SOUTH FLORIDA PLASTERING OF DADE, INC.			
2. Principal Office Address 4501 SW 102 PL.		3. Mailing Office Address 4501 SW 102 PL.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State MIAMI FL.	
Zip 33145	Country USA	Zip 33145	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 8/19/97		5. FEI Number 65-0777694	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name MARGARITA GUTIERREZ		500004563795-1	
Street Address (P.O. Box Number is Not Acceptable) 4501 SW 102 PL.		-08/30/01--01035--007 ****300.00 ****300.00	
Suite, Apt. #, Etc.			
City MIAMI FL. 3		State FL	Zip Code 33145
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 <i>Margarita Gutierrez</i>		Date 7/24/01	
REGISTERED AGENT MUST SIGN			
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	GUTIERREZ, ROBERTO 4501 SW 102 PL.	4501 SW 102 PL.	MIAMI, FL. 33145
D	GUTIERREZ, MARGARITA 4501 SW 102 PL.	4501 SW 102 PL.	MIAMI, FL. 33145
D	CARDENAS, CARLOS R. 4425 SW 113 AV.	4425 SW 113 AV.	MIAMI, FL. 33145
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)(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: <i>Margarita Gutierrez</i>		Date 7/24/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (305) 552-4122	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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