

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JAN -3 PM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 997000 87900

1. Corporation Name

BEMA CONSTRUCTION CORP.

8735 NW 151 TERRACE

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2. Principal Office Address

8735 NW 151 TERRACE

3. Mailing Office Address

8735 NW 151 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI LAKES

City & State

MIAMI LAKES

Zip

33018

Country

USA

Zip

33018

Country

USA

REINSTATEMENT 04

4. Date Incorporated or Qualified
To Do Business in Florida 10-10-1997

5. FEI Number
65-0786759

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

Braynert Marquez

300043814033

01/03/05--01052--019 ***758.75

Street Address (P.O. Box Number is Not Acceptable)
8004 NW 154 STREET

Suite, Apt. #, Etc.
#382

City
MIAMI LAKES

State
FL

Zip Code
33016

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

Braynert Marquez
REGISTERED AGENT MUST SIGN

Date 12/30/2004

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
PRESII	BRAYNERT MARQUEZ	8004 NW 154 STREET #382	MIAMI LAKES, FL 33016

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:

Braynert Marquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/04 (305) 824-1335
Daytime Phone #

CR2E081 (01/04)