

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000022253**

**1. Corporation Name**

**OSCAR'S CONCRETE CONSTRUCTION, INC.**

**2. Principal Office Address**

**7922 PEMBROKE ROAD**

Suite, Apt. #, etc.

City & State

**MIRAMAR, FL**

Zip

**33023**

Country

**USA**

**3. Mailing Office Address**

**7922 PEMBROKE RD**

Suite, Apt. #, etc.

City & State

**MIRAMAR, FL**

Zip

**33023**

Country

**USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**3-10-98**

**5. FEI Number**

**65-0826247**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ **\$8.75 Additional Fee required  
for a Certificate of Status**

FILED

03 JAN 21 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE

100011131811  
01/28/03--01052--009 \*\*900.00

100011131811  
01/28/03--01052--009 \*\*8.75

**7. Name and Address of Current Registered Agent**

Name

**OSCAR GALLARDAY**

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

**7922 PEMBROKE ROAD**

Suite, Apt. #, Etc.

City

**MIRAMAR**

State

**FL**

Zip Code

**33023**

**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

**Oscar JG**

REGISTERED AGENT MUST SIGN

Date

**1-17-03**

**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
<del>DS</del>	<del>HUGO H. PEREZ</del>		
DS	HUGO H. PEREZ	7470 JOHNSON ST.	HOLLYWOOD, FL 33024
DV	ULISES GALLARDAY	18924 NW 57 AVE #107	MIAMI, FL 33015
DP	OSCAR GALLARDAY	7922 PEMBROKE RD	MIRAMAR, FL 33023

**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:

**Oscar JG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1-17-03 (954) 964-7682**

Daytime Phone #

CR2E081 (9/01)