

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 21 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT #PP98000026641

1. Corporation Name

Elias Construction, Corp.

2. Principal Office Address

1221 NW 9 Street

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip

33030

Country

3. Mailing Office Address

1221 NW 9 Street

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip

33030

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida March 20, 1998

5. FEI Number

65-0829343

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

Sergio Elias

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

1221 NW 9 Street

Suite, Apt. #, Etc.

City Homestead

State
FL

Zip Code
33030

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 *[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/17/02

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
P/D	Sergio Elias	1221 NW 9 Street	Homestead, FL 33030

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/02

Date

305-805-7303

Daytime Phone #

CR2E081 (9/01)

75 10/23/02