

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 NOV 20 11 3:00

DOCUMENT # P98000045424

1. Corporation Name **ARAWAK CONSTRUCTION, INC.**

2. Principal Office Address

1717 N.W. Avenue F

Suite, Apt. #, etc.

City & State

Belle Glade Florida

Zip

33430

Country

Palm Beach

3. Mailing Office Address

1717 N.W. Avenue F

Suite, Apt. #, etc.

City & State

Belle Glade Florida

Zip

33430

Country

Palm Beach

**REINSTATEMENT**  
CR2E081 (1205) 02-00

4. Date Incorporated or Qualified  
To Do Business in Florida

May 18, 1998.

5. FEI Number

65-0843640

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

Carson E. Byer

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

1717 N.W. Avenue F

Suite, Apt. #, Etc.

City

Belle Glade

100081961221

11/20/06--01079--007 \*\*1390.00

100081961221

11/20/06--01079--008 \*\*8.75

State

FL

Zip Code

33430

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

*Carson E. Byer*

Date

11/17/06

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
P	Carson E. Byer	1717 N.W. Ave F	Belle Glade FL 33430
D	Carson E. Byer	1717 N.W. Ave F	Belle Glade FL 33430
S	Sonia I. Byer	1717 N.W. Ave F	Belle Glade FL 33430

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: CARSON E. BYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*Carson E. Byer*

Daytime Phone #

11/17/06 561-261-9889

B. Mitchell NOV 20 2006