


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
DEPT. OF STATE
DIVISION OF CORPORATIONS

04 DEC 17 AM 11:32

CORPORATION REINSTATEMENT



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

DOCUMENT # **P98000061107**
1. Corporation Name
Milestone Construction Contractors, INC.

REINSTATEMENT 04

2. Principal Office Address 801 NW 62 Street Suite, Apt. #, etc.		3. Mailing Office Address 700 Harem Ave Suite, Apt. #, etc.	
City & State Miami, FL		City & State Opa locka, FL	
Zip 33150	Country	Zip 33054	Country Dade

4. Date Incorporated or Qualified To Do Business in Florida 07-10-98	
5. FEI Number 650849367	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent

Name **Anthony K. Atkins**

Street Address (P.O. Box Number is Not Acceptable) **700 Harem Avenue**

Suite, Apt. #, Etc.

City **Opa locka** State **FL** Zip Code **33054**

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 **A.K. Atkins** Date **12.9.04**

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	Anthony K. Atkins	700 Harem Ave	Opa locka, FL 33054

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)(f), 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: **A.K. Atkins** Date **12.9.04** Daytime Phone # **305-6871779**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (9/01)

MILESTONE CONSTRUCTION CONTRACTORS, INC.
700 HAREM AVE
OPA LOCKA, FL 33054
786.486.2714

December 09, 2004

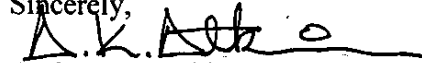
Florida Department of State
Division of Corporations

Re: **MILESTONE CONSTRUCTION CONTRACTORS, INC.**
P98000061107

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking that the penalty please be waived for the corporation. We did not receive notification in the mail, so thank you in advance for your time and consideration.

Sincerely,



Anthony K. Atkins
President