


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # PA8000067469

1. Corporation Name

Trintec Construction, Inc.

2. Principal Office Address

13091 NW 43 Ave

Suite, Apt. #, etc.

A-2

City & State

Opa-Locka, Fl.

Zip

33054

Country

Dade

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

Aug. 1998

5. FEI Number

65.0861621

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

Juan Romero

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

4721 SW 142 AVE

Suite, Apt. #, Etc.

City

Miami

State

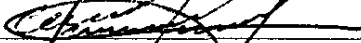
FL

Zip Code

33175

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



Date 02/04/04

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
PRESIDENT	PETULIA SCHWARTZ	13091 NW 43RD AVE A-2	OPALOCKA FL 33054
VICE PRESIDENT	JUAN ROMERO	13091 NW 43RD AVE UNIT A-2	OPALOCKA 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

020404 2056853001  
Date Daytime Phone #

FILED

04 MAR -3 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT 03-09

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