

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 13 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **899 000004433**

1. Corporation Name

Construction Products International, Inc.

2. Principal Office Address

221 Goolsby Blvd.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-04

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

1-15-99

5. FEI Number

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

R Harold Alvarez

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

221 Goolsby Blvd

Suite, Apt. #, Etc.

City

Deerfield Beach

State
FL

Zip Code

33442

000039031270

07/13/04--01005--009 **1385.00

\$1350.00

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

R Harold Alvarez

REGISTERED AGENT MUST SIGN

Date

7/8/04

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
D/P	R Harold Alvarez	221 Goolsby Blvd	Deerfield Beach, FL 33442
S	R Harold Alvarez	221 Goolsby Blvd	Deerfield Beach, FL 33442

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:

R Harold Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/04

Date

954-429-3001

Daytime Phone #

CP2E081 (01/04)