

PLEASE READ ALL INSTRUCTIONS BEFORE C

805000038527 3

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 15 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000043514

1. Corporation Name

WOLFF CONSTRUCTION CO.

2. Principal Office Address

9870 SW 154 Ave.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33196

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1999

5. FEI Number

650919655

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SECTION 607.0505
Additional Fees Required
(For Certain Corporations)

7. Name and Address of Current Registered Agent

Name

Rodrigo Wolff

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

9870 SW 154 Ave.

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33196

REINSTATEMENT 03/05

8. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/14/05

Date

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
PD	Rodrigo Wolff	9870 SW 154 Ave.	Miami, FL 33196
SD	Patricia Wolff	9870 SW 154 Ave.	Miami, FL 33196

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 taxes 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: x

2/14/05 (786)267-1314

805000038527 3 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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(((H05000038527 3)))

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

WOLFF CONSTRUCTION CO.

Certificate of Status	0
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Page Count	01
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