

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PHC/AL

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 27 PM 3:47

DOCUMENT # P99000048633

1. Corporation Name

CONSTRU-TEK OF MIAMI BEACH, INC.

Principal Place of Business

Mailing Address

501 - 74TH STREET, #3
MIAMI BEACH FL 33141

501 - 74TH STREET, #3
MIAMI BEACH FL 33141



03/30/00 90092 048

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8340 HARDING AVE

Suite, Apt. #, etc.

501

City & State
Miami Beach FL

Zip

33141

Country
USA

3. New Mailing Office Address, If Applicable

P.O. Box 414374

Suite, Apt. #, etc.

City & State
MIAMI BEACH FL

Zip

33141

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/1999

5. FEI Number

65-0921860

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	CAPRONI, HUGO	501 - 74TH STREET, #3	MIAMI BEACH FL 33141

12/15

8. Name and Address of Current Registered Agent

CAPRONI, HUGO
501 - 74TH STREET, #3
MIAMI BEACH FL 33141

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

Hugo Caproni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-00

Date

305-335-3551

Daytime Phone #

CR2E040 (8/00)

CONSTRUTEK OF MIAMI BEACH

8340 Harding Ave. suite 501
Miami Beach Fl. 33141
Office 305-867-6746 Cellular 305-531-3551

To The Dept. Of State
Division of Corporation
Tallahassee Fl.

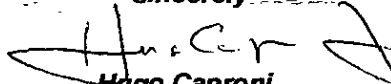
Dear Sir or Madam:

As you can see I already paid the 2000 fee on march of 2000.

Furthermore be informed that I called on march to request the annual report/uniform business report because the original was sent to my old address (501 74th Street apt.3) You sent a duplicate form to my new dres and I paid the fee. I recall that the lady on the phone change my address and As I told you I did receive the form. So please make a note of my new address and accept this canceled check as proof of payment.

CONSTRUTEK OF MIAMI BEACH
8340 HARDING AVE. APT. 501
MIAMI BEACH FL. 33141
(305-335-3551)

sincerely


Hugo Caproni