

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000055117

1. Corporation Name

Miramar Construction Corporation

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

75 Valencia Avenue

75 Valencia Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip

Country

Zip

Country

33134

USA

33134

USA

7. Name and Address of Current Registered Agent

Name

Nelson Corcho

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

75 Valencia Avenue

Suite, Apt. #, Etc.

Suite 200

City

Coral Gables

State

FL

Zip Code

33134

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 **12/04/2018**

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
PD	George R Reyes	75 Valencia Avenue, Suite 200	Coral Gables/ FL/ 33134
D	George A Reyes Sr	75 Valencia Avenue, Suite 200	Coral Gables/ FL/ 33134
D	Paul Reyes-Fournier	75 Valencia Avenue, Suite 200	Coral Gables/ FL/ 33134

REINSTATEMENT

DEC - 7 2018

R. HUNT

10. E-mail Address: **ncorcho@payanybiz.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/2018

Date

305-219-5795

Daytime Phone #