FLORIDA DEPARTMENT OF STATE						Capacita a capacita to P				
• APPLICATION FOR			6		coi-		147			
REINSTATEMENT			Secreta DIVISION OF	•			06 MAR -8 PM 2: 15			
DOCUMEN 1. Corporation Nar										
C.A.P. Engineering, Inc.							TALLAMA I LORIDA			
							50 00			
Principal Place of I	Business	Ma	iling Address				300000000000000000000000000000000000000			
							3. Date Incorporated or Qualified 3a. Date of Last Report			
							08/06/1999 03/08/2001			
2. Principal Place of Business			2n. Mailing Address				4. FEI Number Applied For			
21 6410 Granada Blvd.			6410 Granada I	3lvd.			Not Applicable			
Suite, Apt. #, etc.		Suit	e, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional			
22		27					Fee Required			
City & State			City & State				6. Election Campaign Financing \$5.00 May Be			
23 Coral Gables			28 Coral Gables FL				Trust Fund Contribution Added to Fees			
Zip 24 33146	County 25 Dade	Zip	33146	Coun	ty Dade		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	25 Dade Inme and Address of Current Ro			30	Dauc		10. Name and Address of New Registered Agent			
2.14	dame and Address of Cuffent Ic	egistei	eu Agent		81	~				
Carl	os A. Penin				01	Carl	os A. Penin			
	Miracle Mile				82	1	s (P.O. Box Number is Not Acceptable)			
1	e 300					T	Granada Blvd.			
l .	l Gables, FL 33	134	34							
	,				84	City Cora	1 Gables $_{\rm FL}$ $^{85}$ $_{\rm 33146}^{\rm Zip Code}$			
11. Pursuant to the	provisions of Sections 607.1508	, Florie	da Statutes, the abo	ve-na	med c	Orporation subm	its this statement for the purpose of changing its registered office or			
registered agent, of	r both/in/the State of Florida. S	Such cl	hange was authoriz	ed by	the co	orporation's boar	d of directors. I hereby accept the appointment as registered agent. I			
am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Carlos A. Penin by T. Baez as attorney-in-fact 03/07/2006										
Sign	ature, typed or printed name of registered ago			1			nature required when reinstating)  DATE  DATE			
TITLE	President President	LION	DELETE	13.	TITLE		ONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition			
NAME	Carlov A. Penin	rlov A. Penin 1.2			NAMI					
STREET ADDRESS	6410 Granada Blvd. Coral Gables, FL 33146	and Cables El 22146			1.3 STREET ADDRESS		50000010011			
CITY-ST-ZIP		1,41		1.4 CITY-ST-ZIP 2.1 TITLE		500068108115 03/20/0601022013chan/7901444iion				
TITLE NAME	Director Carlos A. Penin			NAME		The second of the changes and Addition				
STREET ADDRESS	410 Granada Blvd.		2.3	2.3 STREET ADDRESS						
CITY-ST-ZIP	Coral Gables, FL 33146			+		ST-ZIP				
TITLE NAME				TITLE		Change Addition				
STREET ADDRESS				1		ET ADDRESS				
CITY-ST-ZIP				3.4	CITY-	ST-ZIP				
TITLE			DELETE		TITLE NAME		Change Addition			
NAME STREET ADDRESS						ET ADDRESS				
CITY-ST-ZIP				4.4	CITY-	ST-ZIP				
TITLE			DELETE	1	TITLE		Change Addition			
NAME			NAMI	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP		ſ				ST-ZIP				
TITLE		DELETE 6.1 T		TITLE		Change Addition				
NAME			6.2 N/							
STREET ADDRESS				6.3 STREET ADDRI 6.4 CITY-ST-ZIP						
				64	CITY-	ST-ZIP				
CITY-ST-ZIP	ify that the information supplied	with th	is filing does not q	ualify	for th	e exemption stat	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the			
CITY-ST-ZIP  14. I do hereby cert information indical	ted on this annual resort or supp	lemen	tal annual report i	ualify s true	for th	e exemption stat	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the my signature shall have the same legal effect as if made under oath; port as required by Chapter 607, Florida Statutes; and that my name			
CITY-ST-ZIP  14. I do hereby cert information indicathat I am an office appears in Block 12	ted on this annual resort or supp	lemen or the re	tal annual report i eceiver or trustee e address,	ualify s true mpov	for the and a vered t	e exemption state courate and that so execute this re	my signature shall have the same legal effect as if made under oath; port as required by Chapter 607, Florida Statutes; and that my name			
CITY-ST-ZIP  14. I do hereby cert information indicathat I am an office appears in Block 12  SIGNATURE	ted on this annual report or support or director of the corporation of	lemen or the re ith an	tal annual report i eceiver or trustee e address,	ualify s true mpov	for the and a vered to	e exemption state and that so execute this repair Baez as attorney.	my signature shall have the same legal effect as if made under oath;			
14. I do hereby cert information indicathat I am an office appears in Block 12 SIGNATURE	ted on this annual report or support or director of the corporation of	lemen or the re ith an	tal annual report i eceiver or trustee e address. Carlos A. I	ualify s true mpov	for the and a vered to	e exemption state and that so execute this repair Baez as attorney.	my signature shall have the same legal effect as if made under oath; port as required by Chapter 607, Florida Statutes; and that my name in-fact 03/07/2006 305-672-0686			

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Florida Department of State Division of Corporation Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Re: C.A.P. Engineering, Inc.

Enclosed are the following:

- 1. Uniform Business Report for the company referenced above.
- 2. check payable to Florida Department of State \$750

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2002, 2003, 2004,	2005, 2006	 	

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: Por se

by T. Baez as attorney-in-fact

Name: Carlos A. Penin
Title: President

Date: 3/1/04