

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 31 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA9090073216

1. Corporation Name

LOPEZ CONTRACTING, INC

REINSTATEMENT 02-04

000031585160
03/31/04--01085--003 **450.00

2. Principal Office Address

2133 Lake Pickett Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 677536

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32826

Country

ORANGE

Zip

32867

Country

ORANGE

4. Date Incorporated or Qualified

To Do Business in Florida 08/17/1999

5. FEI Number

59-3592893

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

Albano Henry Lopez

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

2133 Lake Pickett Rd.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32826

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

[Signature]

Date

3/26/04

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
<u>PD</u>	<u>Albano Henry Lopez</u>	<u>2133 Lake Pickett Rd</u>	<u>Orlando, FL 32826</u>
<u>VP/SEC</u>	<u>Carmen Gloria Luciano</u>	<u>2133 Lake Pickett Rd</u>	<u>Orlando, FL 32826</u>

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:

[Signature] CARMEN G. LUCIANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/04

Daytime Phone #

407.658.0630

CR2E081 (01/04)



P.O. Box 677536
Orlando, FL 32867-7536
Office: 407.658.0630
Fax: 407.277.1611
www.lopezcontracting.com

March 26, 2004

Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Corporate Annual Report 2002

To Whom It May Concern:

I am submitting the following executed Corporation Reinstatement form along with check number 2767 in the amount of \$450.00 in order to reinstate Lopez Contracting, Inc.

Your office informed me that our company did not receive the Corporate Annual Report 2002 because it was sent to our old mailing address, which was 842 Hendry Drive, Orlando, Florida 32822. Therefore, I am asking for your consideration in waiving the \$600.00 reinstatement fee.

Should you have any questions, please do not hesitate to contact me at 407.658.0630.

Thanking you in advance for your assistance in reinstating our company.

Respectfully,

Carmen G. Luciano
Vice President/Secretary

Enclosures

