

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 OCT 30 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

PA900083731

1. Corporation Name

INTERNATIONAL BUILDERS LATIN AMERICA, INC.

700003472437--D  
-11/21/00--01033--022  
\*\*\*\*758.75 \*\*\*\*758.75

2. Principal Office Address

4143 SW 74th COURT

Suite, Apt. #, etc.

SUITE D

City & State

MIAMI, FL

Zip

33155

Country

3. Mailing Office Address

4143 SW 74th COURT

Suite, Apt. #, etc.

SUITE D

City & State

MIAMI, FL

Zip

33155

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

09/20/99

5. FEI Number

65-0966826

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

Martin M. Rodriguez

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

15625 SW 87th Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

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]*  
REGISTERED AGENT MUST SIGN

Date 10-27-00

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
P	Fernando J. Villegas	8478-B Tyco Road	Vienna, VA 22182
V.P.	Edwin C. Villegas	8478-B Tyco Road	Vienna, VA 22182
P.O.	Martin M. Rodriguez	15625 SW 87th Avenue	Miami, FL 33157
T	Adelino Agostinho	3345 Franklin Avenue	Miami, FL 33133

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.

**KE**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-27-00 305.260.0660

Daytime Phone #

CR2E081 (9/99)