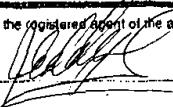


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 OCT 29 PM 5:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P99000085281					
1. Corporation Name WEST KENDALL CONSTRUCTION, INC. 9331 S.W. 104th Avenue Miami, Florida 33176					
2. Principal Office Address 9331 S.W. 104th Ave. Suite, Apt. #, etc.		3. Mailing Office Address 9331 S.S. 104th Ave. Suite, Apt. #, etc.			
City & State Miami, Florida		City & State Miami, Florida		4. Date Incorporated or Qualified To Do Business in Florida	
Zip 33176	Country	Zip 33176	Country	5. FEI Number 65-0950322	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 JUAN E. HERNANDEZ					
Street Address (P.O. Box Number is Not Acceptable) 9331 S.W. 104th Avenue					
Suite, Apt. #, Etc.					
City Miami				State FL	Zip Code 33176
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  REGISTERED AGENT MUST SIGN Date					
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	HERIBERTO BONET	8768 N.W. 169th Terr	Miami, Fl. 33018		
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)(d), 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: 				10/23/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #