

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR -4 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

99000086664

1. Corporation Name

DESIGN Construction and Restoration Corporation

2. Principal Office Address

5209 N.W. 79th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

5209 N.W. 79th Ave

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

Zip

33166

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1999

5. FEI Number

65-0954162

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

Luis Felipe DE RUBIRIA

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

5209 N.W. 79th Ave

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33166

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

03/29/01

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	CARLOS OCTAVO	5209 N.W. 79th Ave	Miami, FL 33166
			SP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-29-01

Daytime Phone #

CR2E081 (9/99)

DESIGN CONSTRUCTION & RESTORATION CORP.

5209 N.W 79TH AVE.

MIAMI, FL 33166

March 30, 2001

FLORIDA DEPARTMENT OF STATE

RE: DOCUMENT # P99000086664

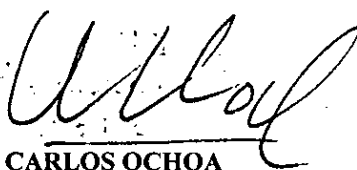
FEI # 65-0954162

TO WHOM IT MAY CONCERN:

I'M SENDING MY REINSTATEMENT REPORT, BECAUSE I NEVER RECEIVED ORIGINAL ANNUAL REPORT, I WILL APPRECIATE IF YOU WAIVE THE LATE CHARGES.

ATTACHED IS THE REINSTATEMENT APPLICATION WITH A CHECK IN THE AMOUNT \$308.75 FOR THE YEAR 2000 AND 2001.

SINCERELY YOURS


CARLOS OCHOA
PRESIDENT