PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~ REINSTATEMENT

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

00-0182

FILED
01 APR -4 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000086664

1. Corporation Name
DESIGN Construction and Restoration Corporation

00-01

2. Principal Office Address	3. Mailing Office Address
5209 N.W 79th Ave	5209 N.W 79th Ave
Suite, Apt. #, etc.	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 Zubiria

200004013652--3
-04/17/01--01077--012
****308.75 ****308.75

Street Address (P.O. Box Number is Not Acceptable): 5209 N.W 79 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: X _____ Date: 03/29/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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 Ochoa	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: _____ 3-29-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DESIGN CONSTRUCTION & RESTORATION CORP.
5209 N.W 79TH AVE.
MIAMI, FL 33166

March 30, 2001

FLORIDA DEPARTMRNT 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