

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 16 PM 1:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *pg 9 0000 89154*

1. Corporation Name

FOUNDATION AND DRILLING CORP.
2206 SW 60TH AVENUE
MIAMI, FLORIDA 33155

2. Principal Office Address

2206 SW 60TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33155

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

500028789375
02/16/04--01025--023 **158.75

REINSTATEMENT *03-04*

4. Date Incorporated or Qualified

To Do Business in Florida 10/08/1999

5. FEI Number

65-0953311

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

BERTA M. SANDERS

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

9550 NW 77TH AVENUE

Suite, Apt. #, Etc.

City

HIALEAH GARDENS,

State

FL

Zip Code

33016

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

Berta M. Sanders

REGISTERED AGENT MUST SIGN

Date 02/05/2004

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
VD	LOURDES H. LEON	2206 SW 60TH AVENUE	MIAMI, FLORIDA 33155
PSD	PEDRO L. LEON	2206 SW 60TH AVENUE	MIAMI, FLORIDA 33155

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

02/05/2004

Date

(305)267-6906

Daytime Phone #

CR2E051 (01/04)