

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

FILED

06 MAR -8 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04-06

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03/20/06--01025--026 \*\*450.00  
CR2E081 (12/05)

GP

4. Date Incorporated or Qualified  
To Do Business in Florida

11-12-99

5. FEI Number

65-0963995

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000100130

1. Corporation Name

R & A Construction, Inc.

2. Principal Office Address

9657 SW 124 ST.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33176

Country

3. Mailing Office Address

6100 SW 49<sup>TH</sup> ST.

Suite, Apt. #, etc.

Miami

City & State

Miami, FL 33155

Zip

Country

7. Name and Address of Current Registered Agent

Name

ARAGON Registered Agents

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

999 Ponce De Leon Blvd. #715

Suite, Apt. #, Etc.

City

Coral Gables.

State  
FL

Zip Code

33134

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

Arturo Jordan

Date

REGISTERED AGENT MUST SIGN

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
PSTD	ARMANDO J. SotoLongo	6100 SW 49 ST.	Miami, FL 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 contained in Chapter 119, 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

3/7/06

Date

Daytime Phone #

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TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION I FURTHER STATE THAT I DID NOT RECEIVE THE NOTICE FOR 2004 UBR FIRST NOR SECOND NOTICE. I WOULD LIKE TO RESOLVE THIS ISSUE, PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

CORDIALLY,

  
ARMANDO SOTOLONGO  
PRESIDENT