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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 Dec 5 PM 4:00

DOCUMENT # P99000110222

1. Corporation Name

Construction Services, Corp.

01

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
9455 NW 109 Street	9455 NW 109 Street
Suite, Apt. #, etc. 101	Suite, Apt. #, etc. 101
City & State Medley, Florida	City & State Medley, Florida
Zip 33178 Country Dade	Zip 33178 Country Dade

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 65-0998928 ☐ 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: Pedro Torres

Street Address (P.O. Box Number is Not Acceptable): 9455 NW 109 Street

Suite, Apt. #, Etc.: 101

City: Medley | State: FL | Zip Code: 33178

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: Pedro Torres Date: 11-20-01

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
PD	Pedro Torres	9455 NW 109 Street #101	Medley, FL 33178
VPD	Leouardo Torres	9455 NW 109 Street #101	Medley, FL 33178

AD

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: Pedro Torres 11-20-01 305-805-7303

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

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

CONSTRUCTION SERVICES, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$750.00