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**APPLICATION
FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1997 MAY 12 AM 11: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # S40550**

TREASURE CONSTRUCTION CORPORATION
5885 W. 3RD LANE
HIALEAH, FL 33012

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State **300002184055--3**

Zip Code **-05/19/97--01190--009**
*****300.00 ***300.00**

3. Date Incorporated or Qualified To Do Business in Florida

3/26/91

4. FEI Number

65-0425802

FEI Number Applied For

FEI Number Not Applicable

5. **\$8.75** Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P	MIGUEL RODRIGUEZ	5885 W. 3RD LANE	HIALEAH, FL
VT	GILDA RAYCI RODRIGUEZ	5885 W. 3RD LANE	HIALEAH, FL
			500002184055--3 -05/19/97--01190--010 ***300.00 ***300.00

REINSTATEMENT

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent and/or Office

Name

PEDRO P. DELGADO, CPA

Street Address (Do NOT Use P.O. Box Number)

1320 S. DIXIE HIGHWAY #220

Street Address (Do NOT Use P.O. Box Number)

City and State

CORAL GABLES

FL.

Zip

33146

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date **05/05/97**

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check ☐ (See other side for information on intangible tax.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Date **5-6-97**

Daytime Phone # **(305) 558-6270**

Typed or printed name of signing officer or director

Via President

Rayci Rodriguez

CR2E040 (8/92)