PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC -2 PM 2:16

DOCUMENT # S56305

REINSTATEMENT 00-04

1. Corporation Name
NABA Construction Inc.

13068 Via Veneto
13068 Via Veneto

2. Principal Office Address	3. Mailing Office Address
13068 Via Veneto	13068 Via Veneto
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington,Florida	City & State: Wellington,Florida
Zip: 33414 Country: USA	Zip: 33414 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: June 4 ,1991

5. FEI Number: 65-0264221 ☐ 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: Daniel Navarrete

Street Address (P.O. Box Number is Not Acceptable): 13068 Via Veneto

Suite, Apt. #, Etc.:

City: Wellington,Florida | State: FL | Zip Code: 33414

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: Daniel Navarrete — Date: 11/29/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Pres.	Daniel Navarrete	13068 Via Veneto	Wellington,Florida 33414

100043173706
12/03/04--01045--013 **1500.00

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: Daniel Navarrete — 11/29/04 — 561-662 5157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/2 aw