

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

AND
FILED

00 SEP 21 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S64476

1. Corporation Name

AMERICAN GENERAL CONSTRUCTION CORP.

2. Principal Office Address

3. Mailing Office Address

2506 S.E. Willoughby Blvd. 2506 S.E. Willoughby Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Stuart, FL

Stuart, FL

Zip
34994

Country
Martin

Zip
34994

Country
Martin

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/01/91

5. FEI Number

65-0276499

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

Al Purino

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

2506 S.E. Willoughby Blvd.

Suite, Apt. #, Etc.

City

Stuart

State
FL

Zip Code
34994

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

Date 9/7/00

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
P	Al Purino	2506 SE Willoughby Blvd	Stuart, FL 34994
V/S	Frank Poma	2506 SE Willoughby Blvd.	Stuart, FL 34994

REINSTATEMENT

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:

PRES

AL PURINO

9/7/00

561-267-9798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)