

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN -2 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V21493**

**1. Corporation Name**

Opus Commercial Group, Inc.

1241 SW 126 Place  
Same

**2. Principal Office Address**

1241 SW 126 Place

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33184

Country

US

Zip

Country

**4. Date Incorporated or Qualified.**

To Do Business in Florida March 13, 1992

**5. FEI Number**

650320215

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

Elizabeth Diaz

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

1241 SW 126 Place

Suite, Apt. #, Etc.

City

Miami

State  
**FL**

Zip Code  
33184

**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

REGISTERED AGENT MUST SIGN

Date

5-26-04

**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
DPS	Elizabeth Diaz	1241 SW 126 Place	Miami, Florida 33184

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ELIZABETH DIAZ

5-26-04

305

261-2955

CR2E081 (01/04)