## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

					٦			
APPLIC FC REINSTA	ATION CONTRACTOR	A DEPARTMENT OF STATE  Katherine Harris  Secretary of State  INVISION OF CORPORATIONS		FILED SLURETARY OF STATE MVISION OF GORRORATIONS				
DOCUMENT # V64634  1. Corporation Name					01 NOV 26 PM 4: 21			
MAINLAND	CONSTRUCTION	COMPAN	Y					
Principal Place of Business Mailing Add			dress					
1910 S.W. 134TH AV Miami FL 33175	/E.		1910 S.W. 134TH AVE. MIAMI FL 33175					
	es are incorrect in any way, line th					0.15		
Suite, Apt. #, etc.	Mice Address, if Applicable		New Mailing Office Address, If Applicable  Suite, Apt. #, etc.			Date Incorporated or Qualified     To Do Business in Florida     09/14/1992		
City & State		City & State			5. FEI Number Applied For Not Applied For Not Applied For			
Zip Country		Zip		untry	6. \$8.75 Additional Fee rec		75 Additional Fee required or a Certificate of Status	
7. Names and Stre	et Addresses of Each Officer and	d/or Director (Flo	orida nonprofit cor	porations must list at lea	ast 3 directors)			
Title(s) Name of Officers and/or Directors			Street Address of Ea Officer and/or Direc				ate / Zip	
P VAZQUEZ, JOSE		1910 S.W. 134TH AV		4TH AVENUE	MIAMI FL			
					** - *: · · <b>S</b>	0000471		
					Maria Carlos	-12/10/0101100022 ****150.00 ****150.00		
						\	_	
						My 621	)	
Name and Address of Current Registered Agent     Name					9. Name and	Address of New Registered		
VAZQUEZ, JO	SE		Street Address (P.O. Box Number is Not Acceptable)			CBPFOAN (AGD)		
1910 S.W. 134TH AVENUE MIAMI FL 33175				Suite, Apt. #, Etc.				
	. •			City		State FL	Zip Code	
10. I, being appoint	ted the registered agent of the at	pove named corpo	oration, am família	ar with and accept the o	bligations of Sect		1	
Signature of Registered Agent _	- Im	FORTERED AG	ENT MUST SIGI	<u> / </u>		Date	8/	
this reinstateme	m an officer or director or the tec- ent application, the reason for dis- reporation have been paid and the	ever or trustee er selution has been	mpowered to execute the control of t	cute this application as perporate name satisfies	the requirements	of section 607.0401 or 617.0	401, F.S., that all fees	

11/2/0/ 315-225-557/ Date Daytime Phone #

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:



Construction & Roofing Contractors

November 21, 2001

Florida Department of State Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

## **Document V64634**

## TO WHOM IT MAY CONCERN:

Please accept this letter as certification for non receipt of the Annual Report/Uniform Business Report for Mainland Construction Company. We have been in business for almost ten years and wish to continue as such.

Enclosed please find our Application for Reinstatement along with a check for \$150.00. Thank you for your understanding and prompt attention to this matter.

Sincerely,