

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 97 JAN -6 PM 2:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V66288**

1. Corporation Name
ARKITEX CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
9600 S.W. 8TH ST. #37 MIAMI FL 33174	9600 S.W. 8TH ST. #37 MIAMI FL 33174

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **09/24/1992**

5. FEI Number **65-0357760** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	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 / State / Zip
D	ALVAREZ, RAUL A., JR	9600 S.W. 8TH ST. #37	MIAMI FL
			800002051978--3 -01/09/97--01021--010 ****375.00 ****375.00
			97-10-97

8. Name and Address of Current Registered Agent

ALVAREZ, RAUL A., JR.
 9600 S.W. 8TH ST.
 #37
 MIAMI FL 33174

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. 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 Date _____
 REGISTERED AGENT MUST SIGN

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., 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: REGISTERED AGENT MUST SIGN

CAREFUL (7/96)