

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

00 JAN -3 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V66288

1. Corporation Name  
ARK/TEX CONSTRUCTION CORP.

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

Mailing Address  
9600 S.W. 8TH ST.  
#37  
MIAMI FL 33174



REINSTATEMENT 97-9

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

4. Date Incorporated or Qualified To Do Business in Florida

09/24/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 65-0357760

Applied For  
Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

Zip

Country

Zip

Country

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

200003096312--3  
-01/13/00--01007--005  
\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

SIGNATURE REQUIRED

Date 7/13/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/98  
Date

305-220-0156  
Daytime Phone #

KE