


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V73308 1. Entity Name LOPEZ CONSTRUCTION, INC.	
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Principal Place of Business 19696 SW 336TH ST. HOMESTEAD, FL 33034	Mailing Address 19696 SW 336TH ST. HOMESTEAD, FL 33034
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2. Principal Place of Business - No P.O. Box # 29110 SW 144 Ave	3. Mailing Address P.O. Box 343427
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Leisure City	City & State Miami
Zip 33033	Country Dade
Zip 33034	Country Dade

FILED  
08 APR -1 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03022008 REIN-P CR2E098 (1/07)

4. FEI Number 65-0367856	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOPEZ, JESUS 19696 SW 336TH ST. HOMESTEAD, FL 33034
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 29110 SW 144 Ave City Leisure City FL Zip Code 33033
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LOPEZ, JESUS 19696 SW 336TH ST. HOMESTEAD, FL 33034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LOPEZ, CARIDAD 19696 SW 336TH ST. LEISURE CITY, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	29110 SW 144 Ave Leisure City, FL 33033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	29110 S.W. 144th Ave Leisure City, FL 33033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700121777997 04/01/08--01016--023 **\$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	03/08/07 90006 046 \$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	3/2/08 (305) 245-2722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #