

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 NOV -9 PM 4:11



**DOCUMENT # K01538**  
1. Entity Name  
ICA CONSTRUCTION CORPORATION

Principal Place of Business 2655 LEJEUNE ROAD STE 120 CORAL GABLES, FL 33134 US	Mailing Address 908 TOWN & COUNTRY BLVD #120 HOUSTON, TX 77024 US
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10/29/07 01046 008 7500



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10092007 REIN-P CR2E098 (1/07)

**6. Name and Address of Current Registered Agent**  
MALE, MICHAEL H.  
3250 MARY ST  
SUITE 303  
MIAMI, FL 33133

4. FEI Number  
65-0071720

Applied For	Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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: MICHAEL MALE 11-05-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2008, Fee will be \$900.00**

**10. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> Delete
NAME	SEPULVEDA, BERNARDO	
STREET ADDRESS	2655 LEJEUNE RD, 1000	
CITY-ST-ZIP	CORAL GABLES FL, 33134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ANTONIO	
STREET ADDRESS	2655 LEJEUNE RD, 1000	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MONTANO, SERGIO	
STREET ADDRESS	2655 LEJEUNE RD, 1000	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VIDAL, ULISES	
STREET ADDRESS	1424 W SAM HOUSTON STE 180	
CITY-ST-ZIP	HOUSTON, TX 77043	
TITLE	V	<input type="checkbox"/> Delete
NAME	GUERRERO, JOSE L	
STREET ADDRESS	2655 LEJEUNE RD, 1000	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SERINA, QUIRICO	
STREET ADDRESS	2655 LEJEUNE RD, 1000	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

B 11/13/07

REINSTATEMENT

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: QUIRICO, SERINA 11-05-07 (713) 984 7628  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #