


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

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DOCUMENT # **K01538**

1. Corporation Name
ICA CONSTRUCTION CORPORATION

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

400004694254--2
 -11/27/01--01009--017
 ****750.00 ****750.00

Principal Place of Business 2655 LEJEUNE ROAD STE 1000 CORAL GABLES FL 33134 US	Mailing Address 1424 W SAM HOUSTON #180 HOUSTON TX 77043 US
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REINSTATEMENT 2001

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 11/09/1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0071720
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
VP	SEPULVEDA, BERNARDO	2655 LEJEUNE RD, 1000	CORAL GABLES FL 33134
PD	HERNANDEZ, ANTONIO	2655 LEJEUNE RD, 1000	CORAL GABLES FL 33134
VPT	MONTANO, SERGIO	2655 LEJEUNE RD, 1000	CORAL GABLES FL 33134
VD	VIDAL, ULISES	1424 W SAM HOUSTON STE 180	HOUSTON TX 77043
V	GUERRERO, JOSE L	2655 LEJEUNE RD, 1000	CORAL GABLES FL 33134
VPS	SERINA, QUIRICO	2655 LEJEUNE RD, 1000	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent MALE, MICHAEL H. 3250 MARY ST SUITE 303 MIAMI FL 33133	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
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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 **Oct. 23, 2001**
 REGISTERED AGENT MUST SIGN

11. 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** Date **Oct 23, 2001**
 SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E040 (8/01)