

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P96000042871

1. Corporation Name

SABALLOS CONSTRUCTION, INC.

Principal Place of Business

5380 82ND TERRACE NORTH
PINELLAS PARK FL 34665

Mailing Address

5380 82ND TERRACE NORTH
PINELLAS PARK FL 34665

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

98 JAN -5 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

05/20/1996

5. FEI Number

59-3380887

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for PSTD SABALLOS, GUSTAVO at 5380 82ND TERRACE NORTH, PINELLAS PARK FL 34665.

300002394153-4
-01/08/98-01082-0016
\*\*\*\*750.00 \*\*\*\*750.00

JB
FL-98

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: ACCOUNTING & TAX HELP INC.
Street Address (P.O. Box Number is Not Acceptable): 8668 PARK BLVD. SUITE A
Suite, Apt. #, Etc.

City: Seminole

State: FL Zip Code: 33777

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

[Handwritten Signature]

THE REGISTERED AGENT MUST SIGN

Date: 12-31-97

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

Yes [ ] No [X]

(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:

[Handwritten Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUSTAVO SABALLOS 12-31-97 813-544069

Date:

Telephone:

CR2E04C (8-97)