

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 JUL 17 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/24/03--01030--030 **450.00

CORPORATION REINSTATEMENT
01-03



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
SABALLOS CONSTRUCTION, INC.
P 96000042871

2. Principal Office Address 5380 82 nd TER No		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PINELLAS PARK, FL		City & State	
Zip 33781	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 5-20-1996

5. FEI Number 593380887
Applied For: Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

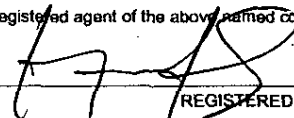
Name: GUSTAVO A. SABALLOS

Street Address (P.O. Box Number is Not Acceptable): 5380 82nd TER No

Suite, Apt. #, Etc.

City: PINELLAS PARK State: FL Zip Code: 33781

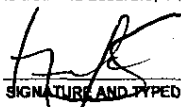
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent:  REGISTERED AGENT MUST SIGN Date: 7-14-2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP TREA	GUSTAVO A. SABALLOS	5380 82 nd TER No	PINELLAS PARK FL 33781

10. 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:  GUSTAVO A. SABALLOS 7/14/2003 (727) 560-2125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

g 7/17

SABALLOS CONSTRUCTION, INC.

**5380 82ND Terrace North
Pinellas Park, FL 33715**

July 14, 2003

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref. Reinstatement Fee

Gentlemen:


We hereby request a waiver of the Reinstatement Fee, because we did not receive the forms in the mail.

Enclosed is the Corporation Reinstatement Form and a check for \$450.00.

If you have any questions, please call me at 727-560-2125.

Sincerely,

SABALLOS CONSTRUCTION, INC.


Gustavo A. Saballos
President