
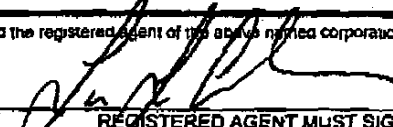



*Page 1 of 2*

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 638027</b>			
1. Corporation Name <b>B C H BUILDERS, INC.</b>			
2. Principal Office Address <b>777 S. Flagler Drive</b>		3. Mailing Office Address <b>777 S. Flagler Drive</b>	
Suite, Apt #, etc <b>Suite 300E</b>		Suite, Apt #, etc <b>Suite 300E</b>	
City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Beach, FL</b>	
Zip <b>33401</b>	Country <b>USA</b>	Zip <b>33401</b>	Country <b>USA</b>
4. Date Incorporated or Qualified To Do Business in Florida <b>10/01/79</b>			5. FEI Number <b>58-1940223</b> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>			\$2.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			
<b>Laurie L. Gildan, Esq.</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>777 S. Flagler Drive</b>			
Suite, Apt. #, Etc <b>Suite 300</b>			
City <b>West Palm Beach</b>		State <b>FL</b>	Zip Code <b>33401</b>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.			
Signature of Registered Agent 		Date <b>1/23/03</b>	
<b>REGISTERED AGENT MUST SIGN</b>			
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
D	William A. Heaslip	1 Edmund Gate	Toronto, Ontario, Canada M4V2M-1
VP	Laurie L. Gildan	777 S. Flagler Drive, Suite 300E	West Palm Beach, FL 33401
REINSTATEMENT FILING FEE \$100 99-03 18			
10. I certify that I am an officer or director of 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)(b), 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: 		Date <b>1/23/03</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Laurie L. Gildan</b>		Daytime Phone #	

*Page 2 of 2*

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850)205 -0384

From: Account Name : GREENBERG TRAURIG (WEST PALM BEACH)  
Account Number : 075201001473  
Phone : (561)650 -7900  
Fax Number : (561)655 -6222

**CORPORATION REINSTATEMENT**

**B C H BUILDERS, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,358.75