

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 15 PM 12:28

DOCUMENT # P03000015517

1. Entity Name
AMERICAN BUILDING SYSTEMS, INC.



Principal Place of Business
306 WICKLINE BLVD
LANTANA, FL 33462 US

Mailing Address
306 WICKLINE BLVD
LANTANA, FL 33462 US

REINSTATEMENT 05-06

2. Principal Place of Business
6043 86th Dr. S.
Suite, Apt. #, etc.

3. Mailing Address
6043 86th Dr. S.
Suite, Apt. #, etc.



03062006 REIN-P CR2E098 (11/05)

City & State
Lake Worth, FL
Zip
33467
County
Palm Beach

City & State
Lake Worth, FL
Zip
33467
County
Palm Beach

4. FEI Number
33-1043761
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DEVELLIS, COSMO
8043 86TH DR. S.
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 *Cosmo Devellis*

Cosmo Devellis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PO	DEVELLIS, COSMO	8043 86TH DR. S.	LAKE WORTH, FL 33467	<input type="checkbox"/>
VP	DEVELLIS, COSMO C III	5092 OUACHITA DRIVE	LAKE WORTH, FL 33467	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

400068942
03/29/06--01013--008 **300.00

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; changed, or on an attachment with an address, with all other like employees.

SIGNATURE:

Cosmo Devellis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06

561-602-9737

Date

Cell/No Phone #