

APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 JUN 14 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # D03000089856

1. Corporation Name

The Site Builder Group, Inc.

2. Principal Office Address

5610 Yahl Street

Suite, Apt. #, etc.

#5

City & State

Naples, Florida

Zip

34109

Country

USA

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

04-06/2005

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/2003

5. FEI Number

20-015 ~~0000~~ 7774

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

Mark E Adamczyk

Street Address (P.O. Box Number is Not Acceptable)

5801 Pelican Bay Boulevard

Suite, Apt. #, Etc.

Suite 103

City

Naples

State
FL

Zip Code
34108

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

Mark E Adamczyk

REGISTERED AGENT MUST SIGN

Date

11/9/05

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
P	David Zandri	6536 Ilex Circle	Naples, Florida 34109

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Zandri

DAVID ZANDRI, President 6/12/06

Date

Daytime Phone #

239 596 4901

X10