

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FILED

02 FEB 12 AM 9:23

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99 0000 70343

1. Corporation Name

Baother Insulation, Inc.

2. Principal Office Address

7317 NW 8th Street

3. Mailing Office Address

820 SW 129th PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

City & State

Miami, FL

City & State

MIAMI, FL

Zip

33126

Country

USA

Zip

33184

Country

USA

REINSTATEMENT 00-02

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0941692

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUIS E. CABRERA

900004961149-5

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

820 SW 129th PLACE

-02/20/02--01054--005
****150.00 ****150.00

Suite, Apt. #, Etc.

206

City

MIAMI,

State

FL

Zip Code

33184

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

Date

REGISTERED AGENT MUST SIGN

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/S/T	LUIS E. CABRERA	820 SW 129 th PLACE APT. 206	MIAMI, FL. 33184

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)(f), 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:

LUIS E. CABRERA

7/21/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (8/00)