

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -2 AM 10:29

DOCUMENT # S24166

1. Corporation Name

DAVID SMITH BUILDERS, INC.

2. Principal Office Address

736 APPLE TREE LANE

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

Zip

Country

33486

USA

3. Mailing Office Address:

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/10/91

5. FEI Number

65-0238609

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

DAVID SMITH

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

736 APPLE TREE LANE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33486

200004272002-7
-05/21/01-01002-009
***300.00 ***300.00

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

[Signature]

Date 4/30/01

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
PRES.	DAVID SMITH	736 APPLE TREE LANE	BOCA RATON, FLA. 33486

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID SMITH

4/30/01

Date

(561) 702-3178

Daytime Phone #

CR2E081 (9/00)

David Smith Builders Inc.

736 Apple Tree Lane, Boca Raton, Fl. 33486
Fax 561-391-0747
Celular 561-702-3178

april 30, 01

To : Fla. Dept. of State

From : David Smith

Gentlemen :

I never received the annual report forms for the past two years.

The last office failed to deliver them to my new address.

Please waive the \$600.00 reinstatement fee.

Respectfully Submitted,

D. S. Smith president