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
00 OCT -2 AM 11:58

DOCUMENT # P93000028462

1. Corporation Name

BUILDING E INVESTMENT CORP., INC.

REINSTATEMENT 99-00

2. Principal Office Address		**3.** Mailing Office Address	
1865 BRICKELL AVENUE		(same)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
1508-A		(same)	
City & State		City & State	
MIAMI, FL		(same)	
Zip	Country	Zip	Country
33129	U.S.A.		

4. Date Incorporated or Qualified To Do Business in Florida 4/15/93

5. FEI Number 65-0413552 ☐ 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
FRANK NUSSBAUM

Street Address (P.O. Box Number is Not Acceptable)
1865 BRICKELL AVENUE

Suite, Apt. #, Etc.
1508-A

City | State | Zip Code
MIAMI | FL | 33129

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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 9/25/2000

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
DPST	FRANK NUSSBAUM	1865 BRICKELL AVE #1508A	MIAMI, FL 33129

AD

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: _____ Frederick Strauss as for Frank Nussbaum 9/25/2000 305-444-2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #