

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **675736**
1. Corporation Name
HABITAT 1 CONSTRUCTION CORP.

Principal Place of Business 2437 EAGLE RUN WAY WESTON FL 33327 US	Mailing Address 2437 EAGLE RUN WAY WESTON FL 33327 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
99 NOV -4 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida 06/11/1980	
5. FEI Number 59-2064970	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PSD	KOKIN, ALEJANDRO	2437 EAGLE RUN WAY	WESTON FL 33327
VAS	RUMEOF, MILOR	APARTADO POSTAL N 76845	CARACAS, VENEZUELA
VAS	KOKIN, ALEJANDRO	1494 LANTANA BLVD	FT LAUDERDALE FL
			300003046553--5 -11/16/99--01105--021 ****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MCCLYMONDS, ROBERT C. 7900 RED ROAD, SUITE 25 S. MIAMI FL 33143	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Robert C. McClymonds Date 11/1/99
REGISTERED AGENT MUST SIGN

11. 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: ALEJANDRO KOKIN Date 10/27/99 (954) 384-2446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR20040 (8/99)

KE