

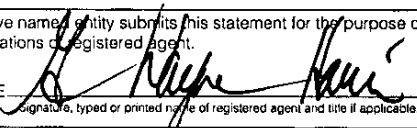
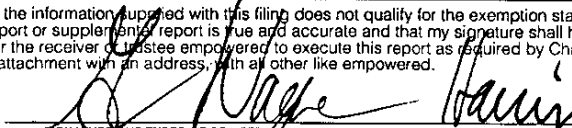


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F04000000174</b> 1. Entity Name <b>BUILDERS INSURANCE COMPANY, INC.</b>					
Principal Place of Business <b>1210 SOUTH VALLEY VIEW BLVD., SUITE 114 LAS VEGAS, NV 89102</b>			Mailing Address <b>1210 SOUTH VALLEY VIEW BLVD., SUITE 114 LAS VEGAS, NV 89102</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 2em; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em;">05 NOV -2 PM 5:09</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="margin-top: 20px;">  </div> <div style="margin-top: 10px;">           10242005    REIN-P    CR2E098 (6/04)         </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>88-0453140</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<div style="font-size: 1.5em; margin-bottom: 10px;">100061115451</div> <div style="font-size: 1.2em;">11/02/05--01031--007 **150.00</div> <div style="margin-top: 10px;"> <b>FL</b>    Zip Code         </div>	
6. Name and Address of Current Registered Agent					
<b>ROGERS, MICHAEL T 1800 SECOND STREET, SUITE 909 SARASOTA, FL 34236</b>					
7. Name and Address of New Registered Agent					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)    DATE					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GEORGE, DANIEL 1800 SECOND STREET, SUITE 909 SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROGERS, MICHAEL 1800 SECOND STREET, SUITE 909 SARASOTA, FL 34236 <input type="checkbox"/> Delete	Chairman Ken Cox 1210 S. Valley View Blvd #114 Las Vegas, NV 89102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GALLAGHER, PATRICK 5465 S. PROCYON AVENUE LAS VEGAS, NV 89118 <input checked="" type="checkbox"/> Delete	Treasurer Larry Long 1210 S. Valley View Blvd #114 Las Vegas, NV 89102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERNANDEZ, SHERRY 2057 E. MAULE AVENUE LAS VEGAS, NV 89118 <input checked="" type="checkbox"/> Delete	Secretary Salvatore Guano 1210 S. Valley View Blvd #114 Las Vegas, NV 89102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, G. WAYNE 1800 SECOND STREET, SUITE 909 SARASOTA, FL 34236 <input type="checkbox"/> Delete	<div style="font-size: 2em; text-align: center;">CANCELED</div> <div style="font-size: 1.2em; text-align: center;">11/02/05--01031--007 **150.00</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHREINER, JACK 3380 W. SAHARA AVENUE, SUITE 100 LAS VEGAS, NV 89102 <input type="checkbox"/> Delete	<div style="font-size: 2em; text-align: center;">CANCELED</div> <div style="font-size: 1.2em; text-align: center;">11/02/05--01031--007 **150.00</div>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Date    Daytime Phone #					