PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		1 FILED
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	03 AUG 15 AM 9: 44
DOCUMENT # F95000005215 1. Corporate Builders Fuc.		SECRETARY OF STATE TALLAHASSEE. FLORIDA
2 Principal Office Address 2385 Executive Conter DR Suite, Apt. #, etc. Suite 100	3. Mailing Office Address Box 8737 Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida, 6-28-96
City & State BOCA RATTON FO Zip Country	City & State Deerfield Bach FL Zip Country	5. FEI Number Applied For 1338 12462 Not Applicable
33431 Country USA	33443 USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name Name Long Street Address of Current Registered Agent		
8. I, being appointed the registered agent of the about Signature of Registered Agent Rt		
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list at le	ast 3 directors)
Titles Name of Officers and/or Directors Pres Ernest D. CH	Street Address of Each Officer and/or Director 1234 S. Milhary # 1812	
Suy Emest D. CHI) 1234 S. Military	Trail Deerfield Beach Fr. 33442
		provided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607 0401 or 617 0401. F.S. that all fees
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 Date Daytime Phone #		