	FELASE REAL	ALL INSTRUC	HONS BEFU	THE COMPLET	וואט וחוס דע	JKIVI	
CORPO	RATION	FLORIDA DEPAR Secreta	·		03 OCT -3 PM 12 SECRETARY OF ST CALLAHASSEE, FLO		
DOCUMI 1. Corporation N	ame	0006265	•		[A], [A]	HASSEE. FL	ORIDA
BILT	more Homes	INC					
				A	000242 9/0301069-	6101 3 -018 ***	3 150.00
2. Principal Office	e Address	3. Mailing Office Addre	ess				
419 UE	19TH ST	1	E PARTINA			A. 6	
Suite, Apt. #, etc.	1113.	Suite, Apt. #, etc.			SIAIL		U1-0
302		,,		4. Date Incor	porated or Qualified		· · · · · · · · · · · · · · · · · · ·
City & State		City & State		To Do Bus	siness in Florida	-13-1	998
MIRM	ı FL	Mami	FL	5. FEI Numb		$\overline{}$	Applied For
Zip	Country	Zip	Country	<u> 6.</u>	086313		Not Applicable
·33132	<i>D P D</i> ∈	33134	DADE		E OF STATUS DESIRED	S8.75 Addition	onal Fee required ficate of Status
		7. Name and	Address of Current	Registered Agent			
Nar		DRUCTOR					
Stre	eet Address (P.O. Box Number is	Not Acceptable)				**	
		TH ST H	1 302				
Suit	te, Apt. #, Etc.						
City	MIAMI		State Zip Code FL 33(32				
8. I, being appoir	nted the registered agent of the ab	ove named corporation, am	familiar with and acco	ept the obligations of secti	ion 607.0505 or 617.05	03, F.S.	
Signature of	< XX F				10-	1-03	
Registered Agent		REGISTERED AGENT MUS	T SIGN		Date	1-03	
9. Names and S	treet Addresses of Each Officer ar	nd/or Director (Florida nonpr	ofit corporations mus	t list at least 3 directors)			
Titles	Name of Officers and/or Director	Street Address of Each Officer and/or Director			City / State / Zip		
PRES. PR	IUL I DRUCTO	DR 419	NE IGTA	ST #30a	MIAMI	FL 33	3132
				-			
	,						
							
					1		
10. I certify that I	am an officer or director or the rec	eiver or trustee empowered	to execute this applica	ation as provided for in cha	apter 607 or 617, F.S. I	further certify that	t when filina
this reinstaten	nent application, the reason for dis orporation have been paid and the	solution has been eliminated	d, the corporate name	satisfies the requirements	of section 607,0401 or	617,0401, F.S., t	that all fees
on this applica	ation is true and accurate, and my	signature shall have the san	ne legal effect as if ma	ide under oath.	section 119.07(3)(I),	i .o. the miorinat	oon marcated

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

10-1-03

305 438-832

Daytime Phone #

5%

Biltmore Homes Inc.

419 Northeast 19th Street □ Suite 302 □ Miami Florida 33132 □ (305)438-8321

October 1, 2003

Department of State
Division of Corporations
409 East Gaines St
Tallahassee, FI 32399

Dear Sir/Madam:

Please accept the enclosed reinstatement application and fee of \$450.00. I kindly ask that the penalty fee be waved since I have not received any annual reports since the last one filed. Additionally, this is a foreign corporation which has not been in business in Florida during this period of time. Thank you in advance.

Very truly yours,

Paul J Dructor

President