

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
01 MAY -7 PM 12:52

DOCUMENT # *G27554*

1. Corporation Name
J.R. BUILDERS, INC.

2. Principal Office Address

7920 SW 204 STREET
Suite, Apt. #, etc.

3. Mailing Office Address

7920 SW 204 STREET
Suite, Apt. #, etc.

REINSTATEMENT 97-01

City & State

MIAMI, FL

Zip *33189* Country *USA*

City & State

MIAMI, FL

Zip *33189* Country *USA*

4. Date Incorporated or Qualified To Do Business in Florida

3/08/1983

5. FEI Number

592378244

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

JOSE F. RODRIGUEZ

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

7920 SW 204 STREET

Suite, Apt. #, Etc.

800004314778-6
-05/24/01 -01036-010
****1350.00 ***1350.00*

City

MIAMI

State Zip Code

FL 33189-2118

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *4-9-01*

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
<i>PRES.</i>	<i>JOSE F. RODRIGUEZ</i>	<i>7920 SW 204 STREET</i>	<i>MIAMI, FL 33189</i>

800004314778-6
-05/24/01 -01036-011
******8.75 *****8.75*

[Signature]

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4-9-01*

305
Daytime Phone # *255-0552*

CR2E081 (9/00)