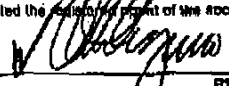
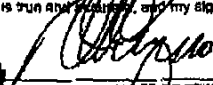


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		07 MAY 23 PM 3:06 STATE TALLAHASSEE, FLORIDA	
DOCUMENT # G95328 1. Corporation Name DADE BUILDERS, INC.					
2. Principal Office Address - No P.O. Box # 692 W. 29 St. # 9 Suite, Apt. #, etc.		3. Mailing Office Address 692 W. 29 ST. # 9 Suite, Apt. #, etc.		4. Data Incorporated or Qualified To Do Business in Florida 4-5-84	
City & State Hialeah, FL.		City & State Hialeah, FL.		5. FEI Number 59-2505037	
Zip 33012	Country USA	Zip 33012	Country USA	6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 additional fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name Espino, Otto Street Address (P.O. Box Number is Not Acceptable) 944 Lugo Ave. Suite, Apt. #, Etc. City Coral Gables				☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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  Otto Espino REGISTERED AGENT MUST SIGN				Date 5-19-07	
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	
P/T	Espino Otto	944 Lugo Ave.		Coral Gables, FL 33156	
VP/Sac	Espino Jr. Otto	12711 SW. 27 ST.		Miami, FL 33175	
10. I certify that I am an officer or director of the corporation or have been 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 contained in Chapter 119, F.S. The information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: 		Otto Espino		5-19-07	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 305-887 4185	

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