APPRUVE AMD PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				06 MAY -4 AM (0: 3 I SECRETARY OF STATE TALLAHASSEE, FLORIDA						
DOCUMENT # H34217 1. Corporation Name										000	75:	378;	8 4 5	
Building Industries, Inc.									5	000	75	7017 3 78 7016	849	8.75 5 1050.00
2. Principal Office Address 2001 - 13th Ave. No. 200						g Office Address 1 - 13th Ave. No.			REINS	STA	TEN	EN		4-06
Suite, Apt. #, etc. Suite,					Suite, Apt. #,	ut. #, etc.			4. Date Incor	porated or		12/	14/8	4
					St. P.	St. Petersburg, FL			5. FEI Numb			5913	Арр	lied For Applicable
^z /3371	Country			3371	3	Country		6. CERTIFICAT			\$8.75	dditional	Fee required	
	7. Name and Address of Current Registered Agent													
	Name James R. Carroll													
	Street Address 568 Crystal Drive													
	Suite, Apt. #, Etc.													
	Madeira Beach								State 33708					_
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, 5:S. Signature of Registered Agent Date Date														
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 Ea Officer and/or Direct									
Р	James R. Carroll				568 Crystal Dr			al Dr.		Madeira Beach, FL 33708				33708
VST	Jeff S. Carroll				5060 - 86th Av			th Ave	. No.	. Pinellas Park, FL 3378			3782	
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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 filling 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 accurate, and my signature shall have therefore legal effect as if made under oath. SIGNATURE: S														
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date												_ب,		