

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**REINSTATEMENT** 05-06

CR2E081 (12/05)

DOCUMENT # H38934  
1. Corporation Name  
EBI Constructors Mgrs Inc

2. Principal Office Address <u>6187 N.W. 167 Street</u> Suite, Apt. #, etc. <u>Unit H-38</u> City & State <u>Miami</u> Zip <u>FL</u> Country <u>Miami Inds</u>		3. Mailing Office Address <u>Same</u> Suite, Apt. #, etc.  City & State  Zip <u>33015</u> Country  	
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4. Date Incorporated or Qualified To Do Business in Florida <u>1-22-85</u>	
5. FEI Number <u>592481378</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Joseph P. Petruskas</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>6187 N.W. 167 St.</u>	
Suite, Apt. #, Etc. <u>Unit H-38</u>	
City <u>Miami</u>	State <u>FL</u> Zip Code <u>33015</u>

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 <u>[Signature]</u>	Date <u>3-7-06</u>
REGISTERED AGENT MUST SIGN	

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
<u>Pres</u>	<u>Joseph P. Petruskas</u>	<u>3839 Oakridge Cir</u>	<u>Weston, FL 33331</u>
<u>Sec</u>	<u>Joseph P. Petruskas</u>	<u>3839 Oakridge Cir</u>	<u>Weston, FL 33331</u>
<u>Treas</u>	<u>Joseph P. Petruskas</u>	<u>3839 Oakridge Circle</u>	<u>Weston, FL 33331</u>

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 contained in Chapter 119, 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: <u>Joseph P. Petruskas</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>3/7/06</u> Daytime Phone # <u>786-234-7033</u> <u>305-827-9628</u>