
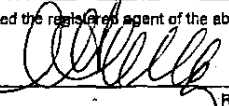



L02000021006

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																																	
DOCUMENT # L02000021006																																			
1. Limited Liability Company's Name BUILDER REVENUE OF FLORIDA, LLC 9/26/03																																			
2. Principal Office Address 225 Milburn Avenue Suite, Apt. #, etc. Suite 210 City & State Milburn, NJ Zip 07041 Country USA		3. Mailing Office Address 225 Milburn Avenue Suite, Apt. #, etc. Suite 210 City & State Milburn, NJ Zip 07041 Country USA																																	
4. State/Country of Formation Florida																																			
5. Date Organized or Qualified To Do Business in Florida 8/16/2002																																			
6. FEI Number 71-0900449																																			
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																																			
8. Name and Address of Current Registered Agent Name Corporation Company of Miami Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd., Suite, Apt. #, Etc. Suite 1500 (DBM) City Miami State FL Zip Code 33131																																			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent  Felicia Hickey, Asst. Secretary REGISTERED AGENT MUST SIGN OF C.C.O.M. Date 9-30-03																																			
10. Names and Street Addresses of Managing Members/Managers <table border="1"><thead><tr><th>Title</th><th>Name of Managing Member/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MEM</td><td>Builder Revenue, Inc.</td><td>225 Milburn Ave. Suite 210</td><td>Milburn, NJ 07041</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>				Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MEM	Builder Revenue, Inc.	225 Milburn Ave. Suite 210	Milburn, NJ 07041																								
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  Date 10/1/03 Daytime Phone# 973-379-1900 Typed or printed name of signing Managing Member/Manager Brian M. Stolar, CEO, Builder Revenue, Inc.																																			

CR2004 (10/02)