1 of 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 OCT 11 PM 1:00

DOCUMENT # L12889

1. Corporation Name
S.B.I. CONSTRUCTION CORPORATION

REINSTATEMENT 03-05

CR2E081 (8/05)

2. Principal Office Address	**3.** Mailing Office Address
28240 SW 157 CT.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
HOMESTEAD, FL.	SAME
Zip 33033 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 1989

5. FEI Number 65-0146659 ☐ 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: Joseph F. Scioli, Jr.

700056003827 7
09/28/05--01031--008 **8.75

Street Address (P.O. Box Number is Not Acceptable): 28240 SW 157 COURT

Suite, Apt. #, Etc.:

700056003837 7
09/28/05--01031--009 **450.00

City: HOMESTEAD | State: FL | Zip Code: 33033

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 _____ Date 9-26-05
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
PSD	Joseph F. Scioli, Jr	28240 SW 157 COURT	HOMESTEAD, FL. 33033
VT	Joseph F. Scioli, Jr	28240 SW 157 COURT	HOMESTEAD, FL. 33033

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: _____ Joseph F. Scioli, Jr. 9/26/05 305-979-4115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mitchell OCT 1 0 2005

7/26/05

Joseph F. Scioli, Jr

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO REQUEST THAT LATE FEES BE WAIVED AS I WAS IN THE HOSPITALS IN 2002, 2003, 2004, AND 2005, DURING VARIOUS OCCASIONS AND DID NOT EXPECT TO SURVIVE. I AM NOW HEALTHY AND WOULD LIKE TO ENGAGE IN BUISNESS AGAIN. THANK YOU IN ADVANCE FOR HELP IN THIS MATTER.

SINCERELY,

JOSEPH F. SCIOLI, JR.
305-796-4115

SEE ATTACHED LETTER

P.S. - AS OF 10-2002, I AM NO LONGER LOCATED AT 25400 SW 140 AVE.

10/10/05

TO WHOM IT MAY CONCERN:

THIS LETTER IS to certify that I did NOT RECEIVE MY ANNUAL REPORT NOTICE FOR this CORPORATION. I HEREBY REQUES that the ~~FEE(S)~~ BE WAIVED.
THANK YOU IN ACUANCE FOR YOUR COOPERATION IN this MATTER.

JOSEPH F. SCIOLI, JR.