APPROVED
AND
FILED

06 JAN 30 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOT-FOR-PROFIT CORPORATION
Reinstatement

DOCUMENT # N03000001451

1. Entity Name
BRIDGE BUILDERS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
19 WEST FLAGLER STREET, STE 705 MIAMI, FL 33130	19 WEST FLAGLER STREET, STE 705 MIAMI, FL 33130

2. Principal Place of Business	3. Mailing Address
610 NW 183 ST.	610 NW 183 ST.
Suite, Apt. #, etc. STE. 202	Suite, Apt. #, etc. STE. 202
City & State MIAMI, FL	City & State MIAMI, FL
Zip / Country 33169 / USA	Zip / Country 33169 / USA

REINSTATEMENT (Effective 10/03) 05-04

4. FEI Number
81-0605827

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENJAMIN, CHRISTOPHER 19 WEST FLAGLER STREET, STE 705 MIAMI, FL 33130	Name: CHRISTOPHER BENJAMIN Street Address (P.O. Box Number is Not Acceptable): 610 NW 183 ST., STE. 202 City: MIAMI FL Zip Code: 33169

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: C B 12/23/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO BENJAMIN, CHRISTOPER E 16426 BRIAR PATCH PLACE MIAMI LAKES, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO CHRISTOPHER BENJAMIN 610 NW 183 ST., STE. 202 MIAMI, FL 33169 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED NELSON, ANNIE MAE 19 WEST FLAGLER STREET, STE 705 MIAMI, FL 33130	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000065824 4 ☐ Change ☐ Addition 02/14/06--01024--014 **297.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~COO~~ VP BENJAMIN, CARLEEN E 16426 BRIAR PATCH PLACE MIAMI LAKES, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CARLEEN BENJAMIN 610 NW 183 ST. STE. 202 MIAMI, FL 33169 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OLIVER GILBERT 610 NW 183 ST., STE. 202 MIAMI, FL 33169 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition K. Eckel FEB 01 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C B 12/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #