

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N25783</b> 1. Entity Name <b>I.B.E.W. LOCAL UNION NO. 759 BUILDING CORPORATION</b>						<b>FILED</b> <b>07 AUG 24 AM 1:21</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>C/O ROBERT A. SUGARMAN</b> <b>301 N.E. 1ST STREET</b> <b>POMPANO BEACH, FL 33060-6607</b>				Mailing Address <b>C/O ROBERT A. SUGARMAN</b> <b>301 N.E. 1ST STREET</b> <b>POMPANO BEACH, FL 33060-6607</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		 <b>REINSTATEMENT</b> 06-07			
4. FEI Number <b>59-6135947</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>SUGARMAN, ROBERT A.</b> <b>5959 BLUE LAGOON DR.</b> <b>SUITE 150</b> <b>MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name <b>Same Name of R Agent</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 Miracle Mile,</b> <b>Suite 300</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>			
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>8.1.07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$297.50</b>				<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPFD SKILLAS, GEORGE A. 301 NE 1ST POMPANO BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HAYNICK, TIM 301 NE 1ST POMPANO BCH FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD MURPHY, KEITH 301 RTC POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DUNOVAN, STAVE 301 NE 1ST POMPANO BCH FL 33060	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COCHRANE, JOANNE 301 NE 1ST STREET POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BRUCKER, TIM 301 NE 1ST POMPANO BCH FL 33060	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAYNIOK, TIM 301 NE 1ST. ST. POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MURPHY, KEITH 301 N.E. 1ST POMPANO BCH FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Tim Brucker</b>			
DATE <b>8/21/07</b>				Daytime Phone # <b>954 946-8551</b>			