

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 14 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P00600008557

1. Corporation Name

DISASTER RECONSTRUCTION SERVICES, INC.

2. Principal Office Address

2601 S. Bayshore Drive

Suite, Apt. #, etc.

10th Floor

City & State

Miami, Florida

Zip

33133

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

2001-2002 UBF

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

APPLIED FOR

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

Brent Klein D.

Street Address (P.O. Box Number is Not Acceptable)

801 Brickell Avenue

Suite, Apt. #, Etc.

1901

City

Miami

State
FL

Zip Code
33131

800005064978-1
-03/07/02--01068-013
****300.00 ****300.00

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 1/23/02

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
D	Daysi Bermello	2601 S. Bayshore Dr., 10th Fl	Miami, Florida 33133
D	Robyn Ajamil	2601 S. Bayshore Dr., 10th Fl	Miami, Florida 33133

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: Daysi Bermello, Director 1/24/02 (305) 860-3760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DISASTER RECONSTRUCTION
SERVICES, INC.

282

January 22, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Disaster Reconstruction Services, Inc.

Dear Sirs / Madame:

Enclosed please find the Application for Reinstatement of the above-referenced corporation, together with a check in the sum of \$300.00 for the years 2001 and 2002. We have approximately 20 corporations, but have never received the papers to file our dues for the referenced corporation.

Thank you for your cooperation with regard to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Daysi Bermello".

Daysi Bermello
Director