

APPROVED AND

102

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

06 MAY 25 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000012714

1. Corporation Name

A & S Building Specialties, Inc.

REINSTATEMENT 04-06 *see*

2. Principal Office Address
4112 SW 9 Terrace

3. Mailing Office Address
4112 SW 9 Terrace

CR2E081 (12/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 02-04-2000

City & State
Miami, FL

City & State
Miami, FL

5. FEI Number
65-0979207

Applied For
Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Augusto Rubilar

Street Address (P.O. Box Number is Not Acceptable)
4112 SW 9 Terrace

05/31/06--01022--015 *** 60.00
70007555355*

Suite, Apt. #, Etc.

05/31/06--01022--015 *** 60.00

City
Miami, FL

State
FL

Zip Code
33134

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 Augusto Rubilar
REGISTERED AGENT MUST SIGN

Date _____

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
P	Augusto Rubilar	4112 SW 9 Terrace	Miami, FL 33134

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 contained in Chapter 119, 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: Augusto Rubilar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/24/06
Date

Daytime Phone # _____

2072

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT I NEVER RECEIVED THE 2004, 2005 & 2006 ANNUAL REPORT NOTICE FROM YOUR OFFICE TO PAY THE ANNUAL FEES. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DONT HESITATE TO CONTACT ME.

CORDIALLY,

Augusto Rubilar
AUGUSTO RUBILAR
PRESIDENT