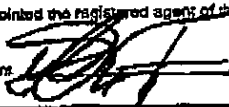
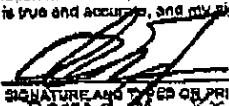


Feb-21-2003 13:13

From

T-284 P.002/002 F-510

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		REINSTATEMENT 02-03 03 FEB 21 PM 9:37 FILED CLERK OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # P00000094893					
1. Corporation Name VARMEL BUILDERS, INC.					
2. Principal Office Address 7755 SW 86th St.		3. Mailing Office Address 7755 SW 86th St.		4. Date Incorporated or Qualified To Do Business in Florida 10/06/00	
Suite, Apt. #, etc. #C-202		Suite, Apt. #, etc. #C-202		5. FEI Number 651049090	
City & State Miami, FL		City & State Miami, FL		Applied For Not Applicable	
Zip 33143	Country USA	Zip 33143	Country USA	6. CERTIFICATE OF STATUS DESIRED ☒ 52 F.S. Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Krause, David M.					
Street Address (P.O. Box Number is Not Acceptable) 7755 SW 86th St.					
Suite, Apt. #, etc. #C-202					
City Miami		State FL		Zip Code 33143	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0405, F.S.					
Signature of Registered Agent 				Date 2/21/03	
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	Krause, David M.	7755 SW 86th St. #C-202		Miami, FL 33143	
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 119.57(3)(b), 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: 				Date 2/20/03 305-381-7999	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR David M. Krause					

COUNT 10/20/03

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPORATION SERVICE COMPANY / *SAL*
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 521-1030

CORPORATION REINSTATEMENT

VARMEL BUILDERS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75