PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 02-03

FILED
03 FEB 21 PM 9:37
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P00000094893

1. Corporation Name

VARMEL BUILDERS, INC.

2. Principal Office Address	3. Mailing Office Address
7755 SW 86th St.	7755 SW 86th St.
Suite, Apt. #, etc. #C-202	Suite, Apt. #, etc. #C-202
City & State Miami, FL	City & State Miami, FL
Zip 33143 Country USA	Zip 33143 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/06/00

5. FEI Number 651049090 (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: 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 617.0505, F.S.

Signature of Registered Agent: [signature] 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 119.07(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: [signature] 2/20/03 305-381-7999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

David M. Krause

CR2E031 (1/02)

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

VARMEL BUILDERS, INC.

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