PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

4.				-			
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				SECRETARY OF STATE DIVISION OF CORPORATIONS 03 APR AM : 8			
DOCUMENT # <i>P00000111815</i> 1. Corporation Name					•		
ρ_r	ecision Rosp	oonse Constru	ction, he			•	
2. Principal Office Address		3. Mailing Office Address			والمراجع والمتاج والمناج والمتاج والمتاج والمتاج والمتاج والمتاج		
9123 NW 147 Ter.		(Same)		500016323435 04/18/0301041030 ***458.75			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date incorporated or Qualified To Do Business in Florida 72-6-88			
City & State		City & State		70 DO BOSINGO III 1 IONGO			
Miamilakes, FL				J. PERNORDE	5-1071514	Applied For Not Applicable	
33018	Country USA	Zip	Country	6.	OF STATUS DECIDED 174 \$8.75 Addition	onal Fee required ficate of Status	
7. Name and Address of Current Registered Agent							
Name Lourdes Nunez							
Street Address (P.O. Box Number is Not Acceptable)							
1839 SW 27 avenue							
Suite, Apr	Suite, Apt. #, Etc.						
City	Niami			•	State Zip Code FL 33/45		
8. I, being appointed the registered agent of the above regned corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.							
Signature of					J-10-200	3	
Registered AgentRIGHERED AGENT MUST SIGN					Date	RS	
9. Names and Street A	ddresses of Each Officer an	d/or Director (Florida nonpr	ofit corporations must list at le	ast 3 directors)			
Titles	Name of Street Address of Ea Officers and/or Directors Officer and/or Directors						
Pres Ortelio D. Fuentes		912 mia	9123 NW 147 Terrace Miami Lakes, FL 33018		Miami Lakes, FL 33018		
		- 		<u> </u>			
		-					
			<u> </u>				
 							
					oter 607 or 617, F.S. I further certify tha		
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 be 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 aignature shall have the same legal effect as if made under oath.							
SIGNATURE: (160) Thelate 4-10-2003 (305) 854-0888							
£	GNATURE AND TYPED OF PR	INTED NAME OF SIGNING OF	FICER OR DIRECTOR		Date Daytime Phone		

Precision Response Construction, Inc. 9123 N.W.147th Terrace Miami Lakes, Florida 33018 Tel:(305) 218-7755

April 10, 2003

Florida Department of State Division of Corporation 409 East Gaines Street Tallahassee, Florida 32314

To whom it may Concern:

Please be advised that I did not nor my registered agent Lourdes Nunez, P.A. Attorney at Law, received the Annual Report Form UBR for the year 2001.

If you have any question concerning the above-mentioned, please do not hesitate to contact her at the Law Offices of Lourdes Nunez, P.A, at (305) 854-0888 or myself at the above-mentioned number.

Sincerely,

Precision Response Construction, Inc.

(Pres.)

cc.mif

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