

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 OCT 29 PH 4: 29

DOCUMENT # **P00000113705**

1. Corporation Name

INTERNATIONAL MODULAR BUILDINGS, INC.

Principal Place of Business

Mailing Address

1876 N. UNIVERSITY DR. #309B
 PLANTATION, FL 33322

1876 N. UNIVERSITY DR. #309B
 PLANTATION FL 33322



REINSTATEMENT B 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-105-8614

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HERNANDEZ, ALEXIS E	2666 NELSON CT.	WESTON FL 33331
VD	VALLADARES, ALEJANDRO	3642 SAN SIMEON CIRCLE	WESTON FL 33331
			200004685942--5 -11/16/01--01085--013 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEREZ, BEHAR & ASSOCIATES, PA
 13935 NW 1ST AVE.
 MIAMI FL 33168

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

(Signature)
 REGISTERED AGENT MUST SIGN

Date

10-24-2001

11. 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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-2001 9344235353

CR2E040 (8/01)