

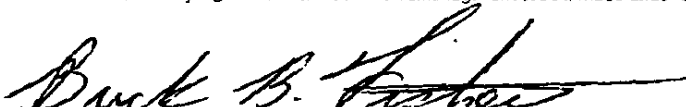


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|---|-----------------------------------|---|--|--|--|
| APPLICATION FOR REINSTATEMENT  | | FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS | | FILED 03 OCT 17 AM 10:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| DOCUMENT # P01000029260 | | | | | |
| 1. Corporation Name BBF CONSTRUCTION, INC. | | | | | |
| Principal Place of Business 27822 SW 130 CT MIAMI FL 33032 | | | Mailing Address 27822 SW 130 CT MIAMI FL 33032 | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | |
| 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country | | 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country | | 4. Date Incorporated or Qualified To Do Business in Florida 03/19/2001 5. FEI Number 65-1116547 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) | | | | | |
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip | | |
| D | FISHER, BUCK B | 27822 SW 130 CT | MIAMI FL 33032 | | |
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| 8. Name and Address of Current Registered Agent KUPERMAN, MARC A 7695 SW 104 ST, STE 210 MIAMI FL 33156 | | | 9. Name and Address of New Registered Agent 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. or 617.0505, F.S. | | | | | |
| Signature of Registered Agent  | | | Date 10/10/03 | | |
| REGISTERED AGENT MUST SIGN | | | | | |
| 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:  | | | Date 10/10/03 | | |