FOR PROFIT CORPORATION FILED UNIFORM BUSINESS REPORT (UBR) 02 OCT 29 AM 8: 43 **DOCUMENT#** PO10000 43500 1. Entity Name Hurricane Restoration SECHETARY OF STATE TALLAHASSEE, FLORIDA anstruction, Inc DO NOT WRITE IN THIS SPACE Mailing Address same Suite. Apt. #, etc. Suite, Apr. #, etc DO NOT WRITE IN THIS SPACE City-& State . City & State florida Applied For Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Sidney A. Goldbox SIGNATURE 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE PS+10 CR2E034B (12/01) NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE TITLÉ NAME NAME: STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST. ZIP., TITLE NAME NAME " STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY+ST ZIP TITLE TITLE IN THIS SPACE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-20 TITLE TITLE. NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered by execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 11 or on an analysis of the corporation of the corporation of the receiver or trustee empowered.

10/22/02

SIGNATURE:

SIGNATURE AND TYPED O

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GOLDBERG & HIRSH, P.A.

ATTORNEYS AT LAW

SUNTRUST INTERNATIONAL CENTER

SUITE 1280

ONE SOUTHEAST THIRD AVENUE
MIAMI, FLORIDA 33131

JEFFREY S. HIRSH

BOARD CERTIFIED CIVIL TRIAL ATTORNEY

TELEPHONE (305) 372-9601
TELEFAX (305) 372-2323
E-MAIL: info@goldberghirshpa.com

- A March Control of 1

October 24, 2002

VIA CERTIFIED RETURN RECEIPT REQUESTED (RECEIPT NO. 7001 2510 0001 6814 9072)

Florida Department of State Division of Corporations Uniform Business Report P. O. Box 1500 Tallahassee, Florida 32302-1500

Re:

Hurricane Restoration & Construction, Inc.

D/Incorporation

05/01/2001

Document No.

P01000043500

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Please be advised that this firm has been retained as the new Registered Agent for the above described corporation. We have filed a Statement of Change of Registered Office or registered Agent or Both for Corporation with the Amendment Section of the Department of State.

Enclosed please find a completed For Profit Corporation, Uniform Business Report (UBR) by the owner of the corporation, Julio E. Camps, along with his check, in the amount of \$150 made payable to the order of "Department of State." This is for reinstatement of the corporation.

If you have any questions or comments, please do not hesitate to contact the undersigned. Thank you for your attention to this matter.

Sincerely,

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enclosures:

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