PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION 04 MAY 27 AH II: 55 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE FALLAHASSEE FLORIDA Po2 0000 2547/ **DOCUMENT#** 1. Corporation Name BUILTER GRP. 03/30/04 01012 031 # 908,75 2. Principal Office Address 3. Mailing Office Address 7785 N.W. 56 St. SAME 100031368751 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida MIAMI 03/07/02 City & State City & State 5. FEI Number Applied For MIAMI, FL *51 -* 04 77903 Not Applicable Country M (A M) 33166 Zip Country S8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent A. Roca Luis Street Address (P.O. Box Number is Not Acceptable) 7725 N.W. 56 Suite, Apt. #, Etc. State MiAni 33166 8. I, being appointed the registered Agent of the above hamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Date 5-17-04 Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors Titles City / State / Zip MiAMI, FL. 33166 PSD 7785 NW. 56 ST. 100031368751 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-04 305-225-4111 Date Davisme Phone #

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