


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 04 JAN 28 PM 1:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P02000038550			
1. Corporation Name Lopez Plastering & Lath, INC.			
2. Principal Office Address 1475 Lake Crystal Dr. Suite, Apt. #, etc. H		3. Mailing Office Address 822 NO. "A" SE. Suite, Apt. #, etc.	
City & State West Palm Beach FL		City & State Lake worth FL	
Zip 33411	Country Palm Beach	Zip 33460	Country Palm Beach
		4. Date Incorporated or Qualified To Do Business in Florida 3/21/2002	
		5. FEI Number 800028400588 02/09/04--01022--006 **308.75	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Alex N. Lopez			
Street Address (P.O. Box Number is Not Acceptable) 1475 Lake Crystal Drive			
Suite, Apt. #, Etc. H			
City West Palm Beach		State FL	Zip Code 33411
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent Alex Lopez		Date 1/28/04	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Alex N. Lopez	1475 Lake Crystal Dr.	West Palm Beach FL 33411
VPD	Rosa Reyes	1475 Lake Crystal Dr.	West Palm Beach FL 33411
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 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: Alex Lopez		Date 1/28/04	Daytime Phone # (561) 722-7440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (9/01)

To: who ever made concern.

I Rosa Reyes

I have never receive no Letter
for 2003, and I would like may
late fee to be waive.

Sincerely,

Rosa Reyes.

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