PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE Secretary of State **DIVISION OF CORPORATIONS**

FILED

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SECRETARY OF STATE.

DOCU 1. Corpora Esra Co	TÄÜLAI	TÄÜLAHASSEE, FLUMDA						
20,00	onstruction Group, Inc.							
2. Principal Office Address 2100 Ponce de Leon Blvd.		-	3. Mailing Office Address 2100 Ponce de Leon Blvd.		'ATF	MEMA	ni.ji)	ム
Suite, Apt. #, etc. 600		Suite, Apt. #, 6	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 04/05/2002			
City & State Coral Gables		City & State Coral Gab	City & State Coral Gables		5. FEI Number Applied For 352203461 Not Applied be			
^{Zip} 33134	Country USA	Zip 33134	Country USA	6. CERTIFICATE	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status			required
7. Name and Address of Current Registered Agent								
1	Name Carlos J. Villanueva, Esq.							
	Street Address (P.O. Box Number is Not Acceptable) 2100 Ponce de Leon Blvd.							
	Suite, Apt. #, Etc. 600							
:	City Coral Gables				State FL	Zip Code 33134		·
8. I, being	appointed the registered agent of the	ne above named corpor	ration, am familiar with and accept	the obligations of secti	on 607.05	05 or 617.0503, F.S.		
Signature of Registered					Date 1-10-05			
1109	Agont	REGISTERED AGE	ENT MUST SIGN					
9. Names	s and Street Addresses of Each Offic	per and/or Director (Flor			1			
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
P/D	Eli Rahamim		2100 Ponce de Leon Blvd #600		Coral Gables, Florida 33134			
VP/D	Victoria Cojab de Rahamim		2100 Ponce de Leon Blvd #600		Coral Gables, Florida 33134			
s	Carlos J. Villanueva		2100 Ponce de Loen Blvd #600		Coral Gables, Florida 33134			
			<u> </u>			· · · · · · · · · · · · · · · · · · ·		
		01/3: 	0/00045658830 01/21/05-01010-021 **300.00					
			I					

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:

LARIOS J. VILLAMOVA

1-10.05 305 377 0812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (01/05)

Law Offices of Carlos J. Villanueva, P.A.

Attorneys at Law 2100 Ponce De Leon Boulevard, Suite 600 Coral Gables, Florida 33134

Telephone: 305.377.0812 E-mail Address: cvillanueva@unaley.com

Facsimile: 305.377.8848 Website: www.unaley.com

January 10, 2005

Dept. of State

Division of Corporations Reinstatement Division P.O. Box 6327 Tallahassee, Florida 32314

Re: Document No. P02000037551

Dear Sir/Madam:

I enclose a check for \$300.00 for the 2004 renewal and 2005 renewal for Esra Construction Group, Inc. The annual report form for 2004 was not received. I also enclose the reinstatement form duly completed.

Please process this reinstatement as soon as you can.

Thank you for your courtesies.

Carlos J. Villanueva

Sincerely,