## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATIC STATEME	lo Barak			ecretary	TMENT O  of State  orporation				4 AU	FILE G-6	MI 8		
DOCUMENT # P02000042152									SECRETARY OF ACTE TALLAHASSEE, FLORIDA					
1. Corporation Name REPAIR HOMES CONSTRUCTION, INC														
1530 VAGABOND LANE								W						
2. Principal Office Address 1530 VAGABOND LANE				3. Mailing Office Address				REINSTATEMENT 03-04						4
Suite, Apt. #, etc.				Suite, Apt. #, etc.				4. Date Incorporated or Qualified						<b>77</b> 00
City & State				City & State				To Do Business in Florida  5. FEI Number Applied For						ł
ORLANDO, FL  Zip Country				Zip		Country	<del></del>	04-365090 <b>6.</b>	00			Not Ap	plicable	
32839-2	32839-2631 USA								OF STATUS DESI	RED 🗆	8.75 Addi for a Cer	tional Fee tificate of	required Status	
	Namo			7. N	ame and A	ddress of Cu	ırrent Register	red Agent						
	Name CONTAXGONZALEZ SERVICE CORP													
	Street Address (P.O. Box Number is Not Acceptable) 08/06/0401060017 **3 0.00													
	Suite, Apt. #, Etc.													
	City ORLAND	0						·· · · · · · · · · · · · · · · · · · ·	State Zip 328	Code 109				
													(01/04)	
Signature of Registered Agent					wy_			Date 08/02/2004						CR2E081 (01/04)
Tiegistered /			ŢŖ	SISTERED AOI	ENT MUST	SIGN			Date	·				g
9. Names	and Street Add	resses of Each	Officer and	d/or Director (Flor	rida nonpro	fit corporation	ns must list at le	ast 3 directors)	1			•		1
Titles	Name of Officers and/or Directors				Street Address of Eac Officer and/or Directo			h r City / State / Zip						
PTS	FELIX RAMIREZ				1530 VAGABOND LANE			ORLANDO, FL 32839-2631			31			
													•	
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.														
SIGNA	SIGNATURE: TO X R GOMEC 08/02/2004 (Lb7) LIGT-25/13 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #													

Orlando, FL August 2, 2004

TO:

Uniform Business Report Division of Corporations

FROM:

Repair Homes Construction, Inc 1530 Vagabond Lane Orlando, FL 32839-2631

Dear Sir:

Ours company was created in 04/17/2002. As a President of my company, 1 didn't have knowledge regarding to the annual report that it was supposed to be done the form UBR until 05/01/2004.

I ask you to consider the situation, revised this, because of my economical situation, I won't be able to paid that amount.

I will promise this is not going to happen again.

Sincerelly:

Felix Ramirez President