PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 15 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000059443

1. Corporation Name

BG Builders, Inc.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
172 Afton Ln.	450-106 State Road 13 North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	#143
City & State	City & State
Jacksonville, FL	Jacksonville, FL 32259
Zip / Country	Zip / Country
32259 / USA	32259 / USA

4. Date Incorporated or Qualified To Do Business in Florida: May 29, 2002

5. FEI Number: 33-1007232 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Brian Smarslok

200032777772
04/15/04--01014--001 **30.00

Street Address (P.O. Box Number is Not Acceptable): 172 Afton Lane

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32259

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: _____ Date: 4/13/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Pres.	Brian Smarslok	16A Justin Way	Jackson, NJ 08527
V.P.	Grogory Smarslok	172 Afton Ln.	Jacksonville, FL 32259

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: _____ Brian R. Smarslok 4/13/04 732-363-8637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/13/03

To Whom it may concern,

I sincerly apologize for the late payment, but I never received the Annual Form that was necessary to report. I would greatly appreciate to please forgive the re-instatement fee and I will make sure this does not occur again.

Thank you for understanding.

Sincerly,

Brian R. Smarslok