
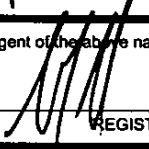
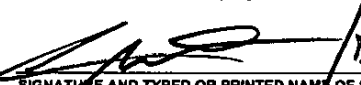


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 OCT 19 PM 8:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA 000060772750 10/19/05--01044--010 **\$900.00 REINSTATEMENT 03-05	
DOCUMENT # P02000065513				
1. Corporation Name DESIGN/BUILT ASSOCIATES DEVELOPMENT CORPORATION				
2. Principal Office Address 5873 SW 147 PL Suite, Apt. #, etc. City & State MIAMI, FL Zip 33193 Country USA		3. Mailing Office Address 15055 SW 68 TR Suite, Apt. #, etc. City & State MIAMI, FL Zip 33193 Country USA		
		4. Date Incorporated or Qualified To Do Business in Florida 6-12-02		
		5. FEI Number 03-0462510 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name SPIEGEL + LITZERA, PA 06/16/03 90149 023				
Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22 STREET \$150.00				
Suite, Apt. #, Etc. 4TH FLOOR				
City MIAMI		State FL	Zip Code 33145	
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 10-17-05		
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	
PTD	RODRIGUEZ-CABRERO, ALBERTO/E	5873 SW 147 PL	MIAMI, FL 33193	
VSD	RODRIGUEZ-CABRERO, ALBERTO/G	5873 SW 147 PL	MIAMI, FL 33193	
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: 		Date 10-17-05 305 385-7302		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	