2005 FOR PROFIT CORPORATION REINSTATEMENT

1. Entity Name	DERS INC. e of Business TH AVENUE, B122	Mailing Address 9600 NW 25 STREET PENTHOUSE MIAMI, FL 33172				OS OCT -6 AH 9:	E VA	
7 <i>00</i> Suite, Apt.	25W 10ST	Suite, Apt. #, etc.	16	<u>S1</u>	09232005 REII			
City & State	ami, Fl.	Miami Zin 311/3	FI		4. FEI Number 03-0473581	\$8.75	Applied For Not Applicable Additional	
331	6. Name and Address of Current R	33143 Registered Agent	17/1	a. Dec	 Certificate of Status Name and Addres 	Fee Req	uired	
TORRES DE NAVARRA, FRANCISCO 9600 NW 25 STREET PENTHOUSE MIAMI, FL 33172 Name TOVVIS de Navarva, Ross Street indiges P. 9 Box Margae is Normalis Street indiges P. 9 Box Margae indiges P. 9 Box Margae is Normalis Street indiges P. 9 Box Margae indiges P. 9 B							25a	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am famillar with, and accept the obligations of registered agent. SIGNATURE Strature, typed or printed name of registered agent and fire (a applicable. (NOTE: Registered Agent signature required when reinstating)								
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00								
10.	OFFICERS AND E	DIRECTORS	11.			ES TO OFFICERS AND DIRECT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ADDRESS ZIP	Torresde Navarra. Nosa Change Addition 7007 SW 765t Miami. F1. 33143			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	DORESS 7	le Rosa, 2002 SW Miami	Rosa Defin	ige 🛂 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-		2001 10706705	 160309536 ***		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST	, .	REINST	Chan	age Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deiete	TITLE NAME STREET A CITY-ST-	1	T. G.	chara OCT 1 0 20	· 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	TITLE NAME STREET A CITY-ST-			□ Char	nge Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered								
SIGNATURE: NOTIFIED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAIS DAIS DISJOING PROFES								



September 22, 2005

Division of Corporation Corporate Filing P.O. Box 6327 Tallahassee, Florida 32314

Re: TN BUILDERS, INC..

To whom it may concern:

Attached please find 2005 Uniform Business Report for the above captioned corporation and a check in the amount of \$150.00. Please note that due to a change of address we did not receive the renewal. We have corrected the address in the Report.

Thank you in advance for your attention regarding this matter. If you should have any further question please contact our office.

Sincerely

Rosie T. DeRosa President