## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| <del></del>             |   | w1  |   | 1   | ĦĽĔD                     |   |  |
|-------------------------|---|---|---|---|--------------------------|---|--|
| COF                     | RPORATION   | FLORIDA DEPAR   | 1 Helmid  |   |                          |   |  |
| 1                       | STATEMENT   |   | y of State<br>orporations   | 03 OCT  | -3 WHII:                 | 22  |  |
|                         |   | V '   |   | SECRE   | TARY OF STA              | VIE .   |  |
| DOCU                    | JMENT # 2-020000  | 079184  |   | FALLAH  | ASSEEL FLOR              | IIDA  |  |
| 1                       | A Scaffold Builders, Inc.   | •   |   | B   |                          |   |  |
|                         | Coanola Ballacis, Illo.   |   |   |   |                          |   |  |
|                         |   |   |   |   |                          |   |  |
| •                       | al Office Address   | 3. Mailing Office Addres                                      | •   |   |                          |   |  |
| 6601<br>Suite, Apt. #   | Lyons Road  | 6601 Lyons Road   |   |   |                          |   |  |
| Suite                   |   | Suite, Apt. #, etc. Suite G-7                                 |   | 4. Date Incorporated or Qualified To Do Business in Florida 7/22/2002 |                          |   |  |
| City & State            | · · · · · · · · · · · · · · · · · · ·   | City & State  |   | To Do Busines   | ss in Fiorida I          |   |  |
|                         | nut Creek, Florida  | Coconut Creel   | ·   | 5. FEI Number<br>22-3856  | 6301                     | Applied Fo  |  |
| <sup>Zip</sup><br>33073 | Country<br>USA  | Zip<br>33073  | Country USA   | 6.<br>CERTIFICATE OF  | F STATUS DESIRED         | \$8.75 Additional Fee re-<br>for a Certificate of Sta         |  |
|                         |   | 7. Name and A   | ddress of Current Register  | red Agent   |                          |   |  |
|                         | Name German, Mario D.   | Esq.  |   |   |                          |   |  |
|                         | Street Address (P.O. Box Number is No   | t Acceptable) 100 Ea  | st Sample Road  | ED!   | <b>00235</b><br>0301084- | <b>21896</b><br>-012 **150.00                                 |  |
|                         | Suite, Apt. #, Etc.   | Suite 3   | 20  | 1 W. W-1  | <u> </u>                 |   |  |
|                         | City Pompano Beach  |   | State   |   |                          |   |  |
| 8. I, being             | appointed the registered agent of the above   | re named corporation, am f                                    | amiliar with and accept the o   |   |                          | <del>- , • •</del>  | 10/02)                                 |
| Signature of            |   | -   |   |   | D-4-                     | 9/29/2003   | CRZE081 (10/02)                        |
| Registered              |   | GISTERED AGENT MUST   | SIGN  |   | Date                     |   | — \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| 9. Names                | and Street Addresses of Each Officer and  | /or Director (Florida nonpro                                  | · · · · · · · · · · · · · · · · · · ·   |   |                          |   |  |
| Titles                  | Name of<br>Officers and/or Directors  |   | Street Address of Each<br>Officer and/or Director   |   | City / State / Zip       |   |  |
| D                       | Bruneel, Myra   |   | 7701 NW 61st Terrace  |   | Parkland FL 33067        |   |  |
| D                       | Heins, Nancy  | 43 Am   | 43 Amethyst Avenue  |   | Naples FL 34114          |   |  |
|                         |   |   |   |   |                          |   |  |
|                         |   | ,   |   |   |                          |   |  |
|                         |   |   |   |   |                          |   |  |
|                         |   |   |   |   |                          |   | 1                                      |
|                         |   |   |   | ĭ   |                          |   | 1                                      |
|                         | that I am an officer or director or the receiv  |   |   |   |                          |   |  |
| this rein<br>owed b     | nstatement application, the reason for disso<br>by the corporation have been paid and the r   | olution has been eliminated,<br>names of individuals listed o | , the corporate name satisfies<br>in this form do not qualify for                           | the requirements of<br>an exemption under s                           | section 607.0401 or      | 617.0401, F.S., that all fee:                                 | 3                                      |
| this rein<br>owed b     | nstatement application, the reason for disso  | olution has been eliminated,<br>names of individuals listed o | , the corporate name satisfies<br>in this form do not qualify for                           | the requirements of<br>an exemption under s                           | section 607.0401 or      | 617.0401, F.S., that all fee:<br>F.S. The Information indicat | 3                                      |
| this rein<br>owed b     | nstatement application, the reason for disson the corporation have been paid and the rapplication is true and accurate, and my significant to the corporation is true and accurate. | olution has been eliminated,<br>names of individuals listed o | the corporate name satisfies in this form do not qualify for a legal effect as if made unde | s the requirements of<br>an exemption under s<br>or oath.             | section 607.0401 or      | 617.0401, F.S., that all fee:                                 | 3                                      |

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6601 Lyons Rd. Suite G-7 Coconut Creek, FL 33073 Office: (954) 427-6137

Fax: (954) 427-6156

## Scaffold Builders Inc.

September 29, 2003

Uniform Business Report Division of Corporations Via Certified Mail 7003 1010 0001 5454 6034

PO Box 1500 Tallahassee, Florida 32302-1500

Re:

P020000079184

Corporation Reinstatement

To Whom It May Concern:

USA Scaffold Builders, Inc. did not receive the Uniform Business Report (UBR) from the State of Florida Division of Corporations to complete and submit. As a result our company has been listed as inactive. This afternoon I spoke to Sean Toner of the Division of Corporations who advised me to download and complete a UBR form, a Corporation Reinstatement form and send them via certified mail along with the \$150.00 filing fee. Enclosed please find these completed documents and a check for \$150.00.

If I can be of further assistance in providing you with additional information or should you have any questions, please do not hesitate to contact me at our office, 954-427-6137.

I thank you for your time and attention to this matter.

Sincerely,

Administrative Assistant

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| 1. Entity Nam  | MENT#   |                             |  |                              |   |                     |                                |  |
|--|---|-----------------------------|--|------------------------------|---|---------------------|--------------------------------|--|
| USA So   | affold Builders, Inc  | <b>.</b>                    |  |                              |   |                     |                                |  |
|  | DO NOT WR   | ITE IN TH                   | IS SPACE   |                              |   |                     |                                |  |
| 2. Principal Place of Business 3. Mailing Address 6601 Lyons Road 6601 Lyons R |   |                             |  |                              |   |                     |                                |  |
| Suite, Apt.<br>Suite G-7   |   | Suite, Apt. #<br>Suite G-7  |  |                              | DO NOT WRITE IN THIS SPACE                    |                     |                                |  |
| City & State<br>Coconut (  | Creek, Florida  | City & State Coconut C      | reek, Florida  | 4. FEI Numbe                 | 4. FEI Number 22-3856301 Appli Not A          |                     |                                |  |
| Zip<br>33073   | Country<br>USA  | Zìp<br>33073                | Country<br>USA   |                              | of Status Desired                             | See Required        |                                |  |
| 30   |   | 4 4                         | Name A   |                              | ddress of Current R                           | legistered Agen     | t                              |  |
| 2 0 EL   | - DO NOT  | WRITE                       | - استهمانیان منابعی اید  | Serman, Mario D              |   |                     |                                |  |
|  |   | The second of the second    | Street Ac  | dress (P.O. Box Numbe        | er is Not Acceptable)                         |                     |                                |  |
|  | IN THIS   | SPACE                       | 100 Ea   | st Sample Road               | Suite 320                                     |                     | !                              |  |
|  |   |                             |  | mpano Beach                  |   | · <del>-</del> [33  | Code<br>064                    |  |
|  | named entity submits this state idns of registered agent.                             | ment for the purpose of c   | hanging its registered office or   | registered agent, or bot     | h, in the State of Flori                      | ida. I am familiar  | with, and accept               |  |
| SIGNATURE .  | 111.  | La-                         |  | Mario D. Germ                | ıan, Esq.                                     | 9/29/2003           | <u> </u>                       |  |
|  | Porsure, typed or printed name of regreter<br>tuarry 1 - May 1. Fee Is \$150          |                             | (NOTE: Registered Agent signatu  | e required when reinstating) | ·····   | DATE                |                                |  |
| S. S                                       | After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Payable to Florida Departir |                             |  |                              | ction Campaign Final<br>st Fund Contribution. |                     | \$5.00 May Be<br>Added to Fees |  |
| 10.  |   | RS AND DIRECTORS            | (A) (1)  |                              | James ar.                                     |                     | 1000 1/2 No. 300               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Bruneel, Myra (Direc<br>7701 NW 61st Terrac<br>Parkland FL 33067                      |                             | NAME STREET ADDRESS CITY-ST-ZIP  |                              |   |                     |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Heins, Nancy (Direct 43 Amethyst Avenue Naples FKL34114                               | ctor)                       | TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  |                              |   |                     |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 |   |                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                              | O NOT I                                       | WRITE               |                                |  |
| TITLE -<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               |   |                             | NAME STREET ADDRESS CITY-ST-ZIP.   | IN.                          | l'THIS S                                      | PACE                | A Second                       |  |
| TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP                                 |   |                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZP  |                              |   |                     |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 |   |                             | TITLE NAME STREET ADORESS CITY-ST-ZIP  |                              |   |                     |                                |  |
| indicated  | ertify that the information suppl<br>on this report or supplemental r                 | report is true and accurate | or qualify for the exemption state<br>e and that my signature shall ha<br>te this report as required by Ch | ive the same legal effec     | t as if made under oa                         | ath; that I am an o | officer or director            |  |
| of the cor   | nt with an address, with all other  | r like empowered.           |  | apiei 607, Fiorida Stato     | tes, and that my hair                         | то афромо ит от     |                                |  |

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