
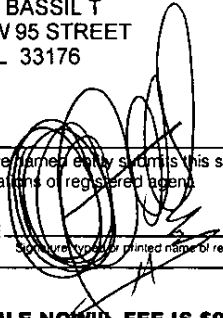
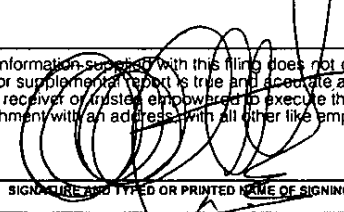


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000022614</b> 1. Entity Name <b>BATTAH BUILDERS CORPORATION</b>					
Principal Place of Business <b>13186 S.W. 130 TERRACE MIAMI, FL 33186</b>			Mailing Address <b>13186 S.W. 130 TERRACE MIAMI, FL 33186</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>42-1581922</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BATTAH, BASSIL T 11260 SW 95 STREET MIAMI, FL 33176</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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 Florida. I am familiar with, and accept the obligations of registered agent.				DATE <b>7-6-06</b>	
SIGNATURE 				DATE	
<b>FILE NOW!!! FEE IS \$900.00</b>				(NOTE: Registered Agent signature required when reinstating)	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTAH, TRINA C 11260 SW 95 STREET MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300078212803 08/01/06--01028--002 **908.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTAH, BASSIL T 11260 SW 95 STREET MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALAZAR, ELBANO RUIZ 16410 SHAPPHIRE DR. WESTON, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFATA, ANTONIO 11260 SW 95 STREET MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CANNAVO, LETIZIA T 12465 S.W. 123 STREET MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 report 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: 			DATE <b>7-6-06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <b>786-419-3348</b>		

FILED

06 JUL 11 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06



06282006 REIN-P CR2E098 (11/05)