2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000035951 1. Entity Name					FILED
	BUILDERS INC.				06 DEC 14 PM 3 12
<u> </u>]	**************************************	SERBUTARY OF STATE
Principal Place of Business		Mailing Address			SECRETARY OF STATE. TALLAHASSEE, FLORIDA
P O BOX 1072 STUART, FL 34995		P O BOX 1072 Stuart, FL 34995			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNA, IL	J-100J	310M(1, FE 34333			
2 Principal D	Inno of Business	2 Marilian Address			
2. Principal P	lace of Business VW-W-R-N	3. Mailing Address			I THE STATE IN A PARTY CASE OF THE DATA OF STATE OF THE STATE OF S
Suite. Apt.		Suite, Apt. #, etc.			11172005 - DEBLO - A CHICAGO BULLACT A A
SENSEN ISTACH		City B Day			REINSATEVIEW
City & State	L	City & State			Applied For 55-0801623 Not Applicable
Zig ICAS	Country	Zip .	Zip . Country		5. Certificate of Status Desired \$8.75 Additional
3473					Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
NEWLAND, RANCE 472 UW SUNFLOWER					a fill fill
2394 SW KENT CIR				Street Address (P.O. Box Number is Not Acceptable)	
NEWLAND, RANCE 2394 SW KENT CIR PORT SAINT LUCIE FL 34953 SENST-V (SEACH, FL, 34957) City Tex				N.W. SUNFLOWER PLACE	
City Tours					Zio Code o
8. The above named entity submits this statement or transfer of changing its registered office or registered agent, or both, in the State of Florida. Tarn familiar with, and accept					
the obligations of pegistered agent					
SIGNATURE REWLAND, PRIS. 11-20-06					
Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
After Jan	NOWIII FEE IS \$750.00 stary 1, 2007, Fee will be \$900.00				
IIILE	OFFICERS AND (DIRECTORS Delete	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME .	NEWLAND, RANCE	□ Descie	NAME		
STREET ADORESS	P O BOX 1072			T ADORESS	11/29/0601011008 ** 750.00
CITY-ST-ZIP	STUART, FL 34995		CITY-S	ST-ZIP	
title Name	NEWLAND, SALLY	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS	P O BOX 1072		STREE	T ADORESS	
CITY-ST-ZIP	STUART, FL 34995		CITY-S	ST-ZIP	<u> </u>
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS				T ADORESS	
CITY-ST-ZIP			CITY-S	ST-ZIP	
TITLE		☐ Delete	TATLE		☐ Change ☐ Addition
NAME STREET ADORESS			NAME STREET	T ADORESS	
CITY-ST-ZIP			CITY-S	1	
TITLE	- · · · ·	☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	1	
STREET ADDRESS City-St-Zip			STREET	T ADORESS ST-7IP	
TITLE	······································	☐ Defete	TITLE		Change Addition
NAME			NAME	İ	Carlotte Carlotte
STREET ADDRESS		()		T ADDRESS	
CITY-ST-ZIP	entify that the information of	this tilled down not	CITY-S	l l	tie Chapter 110 Elevido Clabara I Sustanza I
12. I hereby certify that the information supplied with this library 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 currate 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 trusted empowered to execute this term of the corporation or the receiver or trusted empowered to execute this required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an axachment with an address, with all other-like empowered.					
SIGNATURE: RANCE NEW LAND PRES 11-20-06 772-215-3232 SIGNATURE AND EXPERITED HAME OF SIGNING OFFICER OR CHRECTOR Disse Desprise Phone 8					
With the control of the control o					