

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2006 A/R

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000065498			
1. Corporation Name CITY STRONG BUILDERS, INC.			
2. Principal Office Address 6960 SW. 9 ST Suite, Apt. #, etc.		3. Mailing Office Address 6960 SW. 9 ST. Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33023	Country BROWARD	Zip 33023	Country BROWARD

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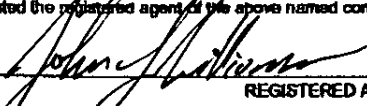
STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 6/12/2003	
5. FBI Number 200125652	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐	

7. Name and Address of Current Registered Agent	
Name AGENTS AND CORPORATIONS, INC.	
Street Address (P.O. Box Number is Not Acceptable) 773 4TH AVENUE NORTH	
Suite, Apt. #, Etc. SUITE E	
City NAPLES, FL	State FL
Zip Code 34102	

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 9/29/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	VERNE R. PARRY	6960 SW. 9 ST.	PEMBROKE PINE, FL 33023
V.P.	DEVIN R. PARRY	12312 WASHINGTON ST.	PEMBROKE PINES, FL 33025
SECR.	YASMIN J. PARRY	6960 SW. 9 ST.	PEMBROKE PINES, FL 33023

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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 contained in Chapter 119, 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:



VERNE R. PARRY

10/3/06

9549936677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #