

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000098297 1. Entity Name YEH CONSTRUCTION INC.				 RECEIVED OCT 17 PM 4	
Principal Place of Business 14500 SW 280 STREET 152 HOMESTEAD, FL 33032		Mailing Address 14500 SW 280 STREET 152 HOMESTEAD, FL 33032		SECRETARY OF STATE - TALLAHASSEE, FLORIDA 	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		10132005 REIN-P CR2E098 (6/04)	
City & State		City & State		4. FFI Number 50-3617559	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIOVANETTI, JUAN C 13256 SW 114 TERRACE MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Rogelio Hernandez Street Address (P.O. Box Number is Not Acceptable) 14500 SW 280 ST #152 City Homestead FL Zip Code 33032	
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. SIGNATURE <u>Rogelio Hernandez</u> Pres. <u>Rogelio Hernandez</u> 10-13-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.199(2)(b), F.S., the corporation did not receive prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, ROGELIO 14500 SW 280 STREET #152 HOMESTEAD, FL 33032	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 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: <u>Rogelio Hernandez</u> <u>Rogelio Hernandez Pres. 10/13/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

(305) 970 7705