PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # POHODO/43758 1. Corporation Name United Development-Building Com		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 JAN -3 1 5: 00
2. Principal Office Address Rohald Advin () Suite, Apt. #, etc. City // State	3. Mailing Office Address 63.80 Richard Dr. Spring Suite, Apt. #, etc. City & State	CR2E081 (8/05) 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For.
Zip Country	Zip Country	Not Applicable
34687		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name Ronald Address of Current Registered Agent Name Ronald Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL SHAXO		
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 Date		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
T Paul Sicolal	ino 6380 Richard	Dr Spring Hill Gla 3460
swom Barbara AQI	LIAD 6380 Richard	Dr Sgring Hill Yla 3460
10 Logify that Lamen officer or director or the recu	siver or trustee empowered to execute this application as pr	rovided for in chapter 607 or 617. F.S. I further certify that when filing
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 under section 119.07(3)(i), 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: SIGNATURE Daytime Phone #		