


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 14 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000168321 1. Entity Name NAVARRO BUILDERS INC					
Principal Place of Business 10281 SW 13TH STREET MIAMI, FL 33174 US			Mailing Address 10281 SW 13TH STREET MIAMI, FL 33174 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORDOVA, DIEGO E 8905 SW 87TH AVENUE STE 200 MIAMI, FL 33176				Name RAIMUNDO NAVARRO JR Street Address (P.O. Box Number is Not Acceptable) 10281 SW 13TH STREET City MIAMI FL Zip Code 33174	
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><i>Raimundo Navarro Jr</i></u> RAIMUNDO NAVARRO JR 10/8/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> PRESIDENT <small>DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAVARRO, RAIMUNDO JR 10281 SW 13TH STREET MIAMI, FL 33174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100060632411 10/14/05--01065--010 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAVARRO, RAIMUNDO SR 9965 SW 53RD STREET MIAMI, FL 33174	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAIMUNDO NAVARRO JR
PRESIDENT

Date

Daytime Phone #

10/8/2005

m/Pls