


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR 14 AM 7:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000024034		
1. Entity Name FEIN CUSTOM HOMES, INC		

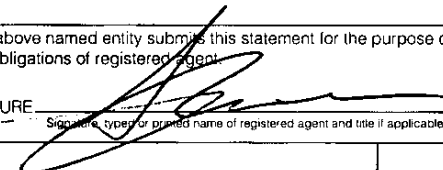
Principal Place of Business 4108 DELLBROOK DR TAMPA, FL 33609 US	Mailing Address 4108 DELLBROOK DR TAMPA, FL 33624 US
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2. Principal Place of Business - No P.O. Box # 17343 LINDA VISTA CR.	3. Mailing Address Suite, Apt. #, etc.
City & State LUTZ FL	City & State
Zip 33548	Country USA



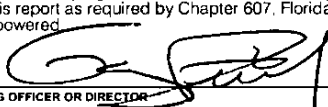
00000007 REIN.P	CR2E098 (1/07)	06-07
REINSTATEMENT		
42 SET Number 00-2343235	Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NELSON, SCOTT F 4108 DELLBROOK DR TAMPA, FL 33624-33609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 	DATE 3-6-07

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEINBERG, GARY 4108 DELLBROOK DR TAMPA, FL 33624 17343 LINDA VISTA CR. LUTZ FL 33548	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
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
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
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
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 exemptions contained in Chapter 119, 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: GARY FEINBERG. 	DATE: 3/10/07 DAYTIME PHONE: 813-477-1104

Marched MAR 14 2007