


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000053997		
1. Entity Name MK BUILDING CONSULTANTS, INC.		

FILED

07 MAR 29 PM 3:48

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business 13800 SW 8 STREET #141 MIAMI, FL 33184	Mailing Address 13800 SW 8 STREET #141 MIAMI, FL 33184
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2. Principal Place of Business - No P.O. Box # 1265 SW 141 AVE.	3. Mailing Address 1265 SW 141 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami	City & State Miami
Zip 33184	Zip 33184
Country	Country



6. Name and Address of Current Registered Agent GARCIA, MAXIMO 13800 SW 8 STREET #141 MIAMI, FL 33184		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1265 SW 141 AVE City Miami FL Zip Code 33184	
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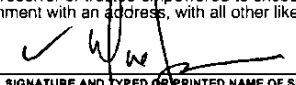
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	PS GARCIA, MAXIMO 13800 SW 8 STREET #141 MIAMI, FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1265 SW 141 AVE Miami FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GARCIA, TERESITA 13800 SW 8 STREET #141 MIAMI, FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1265 SW 141 AVE Miami FL 33184
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 500096008135 04/06/07--01047--009 ***300.00
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:  3/20/07 (305) 775-7641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #