

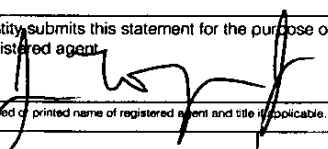
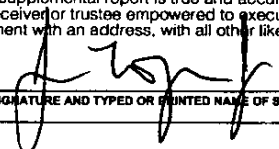


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000086778</b> 1. Entity Name <b>QUALCON STRUCTURES INC.</b>						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">06 SEP 21 AM 11:31</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>20533 BISCSYNE BLVD. #559 AVENTURA, FL 33180</b>				Mailing Address <b>20533 BISCSYNE BLVD. #559 AVENTURA, FL 33180</b>			
2. Principal Place of Business <b>20533 Biscayne Blvd</b> Suite, Apt. #, etc. <b># 559</b> City & State <b>AVENTURA, FLORIDA</b> Zip <b>33180</b>		3. Mailing Address <b>SA ME</b> Suite, Apt. #, etc. <b>SA ME</b> City & State <b>SA ME</b> Zip <b>SA ME</b>				09182006    REIN-P    CR2E098 (11/05)	
4. FEI Number <b>26-0120522</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>TAPIA, JORGE</b> <b>20533 BISCSYNE BLVD. #559</b> <b>AVENTURA, FL 33180</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>20533 Biscayne Blvd. #559</b> City <b>AVENTURA</b> FL    Zip Code <b>33180</b>			
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 <b>9/18/06</b>			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				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	PTD TAPIA, JORGE 20533 BISCSYNE BLVD. #559 AVENTURA, FL 33180 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	9000800958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 09/22/06--01055--020    **158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD WILSON, CHARLES 6123 170 AVE. NORTH LOXAHATCHEE, FL 33470 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <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:** 

**9/18/06**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

JC 9/22