
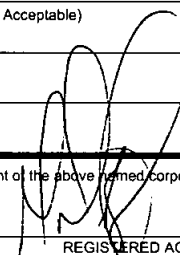


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
CORPORATION REINSTATEMENT			
DOCUMENT # P06000085684			
1. Corporation Name F & B DEVELOPMENT INC.			
2. Principal Office Address - No P.O. Box # 7640 NW 25 ST		3. Mailing Office Address SAME AS PRINCIPAL	
Suite, Apt. #, etc. 110		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33122	Country U.S.A.	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 06/26/2006			
5. FEI Number 26-2914011		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name MICHAEL C BURKE JR.			
Street Address (P.O. Box Number is Not Acceptable) 7640 NW 25 ST			
Suite, Apt. #, Etc. 110			
City MIAMI		State FL	Zip Code 33122
<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
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 7/2/08	
REGISTERED AGENT MUST SIGN			
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
P/D	MICHAEL C BURKE JR.	13861 SW 20 ST	MIAMI, FL 33175
VP/D	GABRIELA BURKE	13861 SW 20 ST	MIAMI, FL 33175
REINSTATEMENT 07-08 7/8/08 800132375268 07/07/08--01060--024 **458.75			
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 contained in Chapter 119, 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: MICHAEL C BURKE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 7/2/08 305-898-0733 Date Daytime Phone #	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 08 JUL -7 PM 12:34

CR2E081 (12/07)