PLEASE READ	ALL INSTRUCTIO	NS BEFORE (COMPLETING THIS FORM.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	MENT OF STATE Mortham of State	FILED
DOCUMENT # P92000002461			98 FEB 13 PM 12: 38
?1. Corporation Name DESIGN BUILDERS INTERNATIONAL, INC.			SECREMANY OF STATE TALLAHASSER, FLORIDA
hocipal Place of Business 621 NW 53rd Street Suite 450 Boca Raton, FL 33487 Mailing Address 621 NW 53rd Street Suite 450 Suite 450 Boca Raton, FL 33487 Mailing Address 621 NW 53rd Street Suite 450 Suite 450 Boca Raton, FL 33487			
If above addresses are incorrect in any way, line through incorrect information and enter correction to the Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3.			Date Incorporated or Qualified To Do Business in Florida 11/2/92
Suite, Apt. #, etc.	Apt. #, etc. Suite, Apt. #, etc.		5. FEI Number Applied For
City & State	City & State		65-0363857 Not Applicable
Zip Country	Zip Ci	ountry	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/ Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director OT Use Post Office Box N	h City / State / Zip
PSID WEISSMAN, RICHARD S.	621 NW	53rd Street #	
			4000024343846
			-02/18/98010/2006 ****750.00 ****750.00
	DEINGTA:	TEMENT	97-98
REINSTATEMENT.			Sc 2-17-98
			400002434384 6 -02/18/9801072007
8. Name and Address of Current F	Registered Agent	Name	9. Name and Address of New newstered Addin ** 150. UU
David Chiras 4517 NW 31st Avenue Ft. Lauderdale, FL 33309		Neese Street Address (F 621 N.V 5 Suite, Apt. #, Etc.	
		Boca Rat	con, State FL Zip Code 33487
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Neesa B. Warlen REGISTERED AGENT MUST SIGN ***********************************			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)			
12. 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 under section 119.07(3)(i), 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.			
2/12/98 m (561) 994-6226			
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Planta Weisstnan, President Date Date			