| \$00€ | UNIFORM BU | JSINESS REP | ORT (UBR) | | |
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| DOCUMENT # P92000003720 1. Entity Name | | | g 32 | SCURETARY OF STATE THE STATE STATE THE STATE S | |
| Advanced Building Components, | | | , Inc. | | |
| | | | | 00 OCT -9 PM 2: 00 | |
| 7100 Suite | te of Business 123rd. Circle I 300 0, Fl. 33773 | Mailing Address North Sar | ne | | |
| 2. Principal Place of Business 3. Mai | | 3. Mailing Address | | , | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | |
| City & State | | City & State | | 4. FEI Number | |
| Zip | Country | Zip | Country | | 3.75 Additional e Required— |
| | 6. Name and Address of Cui | rrent Registered Agent | Name | 7. Name and Address of New Registered Ag | ent |
| Michael J. Wolfe 2408 Navarez Ave. | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| Safety Harbor, Fl. 34695 | | | | | |
| | | | City | FL | Zip Code |
| 8. The above | named entity submits this statement | ent for the purpose of changing | its registered office or regis | stered agent, or both, in the State of Florida. | |
| SIGNATURE . | Signature, typed or printed name of registered | Sagent and title if applicable. (Ne | OTE: Registered Agent signature requ | plired when reinstating) DATE | |
| Tax filling r | oration is eligible to satisfy its Intar requirement and elects to do so, ria on back) | After SEPTEMBER | Will FEE IS \$550.00 13, 2000 Min. will be \$7 able to Department of S | LEGERAL TO SECURIO SECURIO DE LA CONTROLE DEL CONTROLE DE LA CONTROLE DEL CONTROLE DE LA CONTROLE DEL CONTROLE DE LA CONTROLE DEL CONTROLE DE LA CONTROLE DEL CONTROLE DE LA CONTROLE DEL CONTROLE DE LA CONTROLE DE LA CONTROLE DE LA CONTROLE DE LA | \$5.00 May Be Added to Fees |
| 11. | | AND DIRECTORS | 12. | ADDITIONS/CHANGES TO OFFICERS AND D | |
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| indicatéd | on this report or supplemental rec | port is true and accurate and that empowered to execute this repo | t my signature shall have th | Section 119.07(3)(i), Florida Statutes. I further certify he same legal effect as if made under oath; that I am 607, Florida Statutes; and that my name appears in B | an officer or director |

MICHAEL J. WOLFE Oct. 3, 2000

1) - \(3\) - \(1) \) Daytime Phone #

SIGNATURE:

Advanced Building Components, Inc.

"Revolutionizing the Modular Building Industry"

Oct. 3, 2000

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Re: Reinstatement

Dear Sirs,

Enclosed is the Corporation Annual Report for our company. We are enclosing the annual fee of \$150.00 and are asking you to waive the late payment penalty because we did not receive the forms we normally receive from your office.

At the end of April or beginning of May 2000 I called your office to request copies of the form. I left a message on your electronic mail system requesting the forms and left our mailing address and telephone number. Subsequently, we did not receive the forms and I forgot about the filing. When I logged on to your web-site last week to check on the status of our corporation, I learned that our company was administratively dissolved on Sept. 22 for not filing the report and for non-payment of the annual fee.

As you can see from our file, we changed the name of our company from Lumiwall, Inc. to Advanced Building Components, Inc. in March of 1999. Lumiwall was incorporated in November 1992 and we have filed reports and maintained our corporate status since that time. We do not have any intention of dissolving our corporation and simply forgot to follow up when the annual report form was not received.

We respectfully request that you accept the enclosed \$150.00 payment in full payment of our annual fee and reinstate our corporation as soon as possible.

With best regards,

Michael J. Wolfe, President