

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

APPROVED AND FILED

99 DEC 30 AM 8:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000045858

1. Corporation Name EXPRESS BUILDERS, INC.

Principal Place of Business 2699 COLLINS AVENUE SUITE 107-108 MIAMI BEACH FL 33140 US Mailing Address 9572 ABBOTT AVE SURFSIDE FL 33154



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 06/29/1993 5. FEI Number 65-0421032 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PVST, BAKKER, PIETER, 9572 ABBOTT AVENUE, SURFSIDE FL 33154

REINSTATEMENT 99

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8. Name and Address of Current Registered Agent BAKKER, PIETER 9572 ABBOTT AVE SURFSIDE FL 33154 9. Name and Address of New Registered Agent

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 REGISTERED AGENT MUST SIGN Date 12/28/99

11. 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)(l), 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: BAKKER, PIETER BAKKER Date 12/28/99 Daytime Phone # 305-495-3610