

2004 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 24 AM 8:00

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

093 000045858

1. Corporation Name
EXPRESS BUILDERS, INC.
9572 ABBOTT AVE

2. Principal Office Address
9572 ABBOTT AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SURFSIDE

City & State
FL

Zip Country
33154

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
P93000045858

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

MRS

7. Name and Address of Current Registered Agent

Name
PIETER BAKKER

Street Address (P.O. Box Number is Not Acceptable)
9572 ABBOTT AVE

300037058183
05/24/04--01099--010 ##75 75

Suite, Apt. #, Etc.

City
SURFSIDE

State Zip Code
FL 33154

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

5/20/04

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.S.- T.V	PIETER BAKKER	9572 Abbott Ave. SURFSIDE FL 33154	Surfside FL 33154

10. I certify that I am an officer or director of 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.

SIGNATURE:

[Handwritten Signature] PIETER BAKKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/20/04

Daytime Phone #

305.538-1799

CR2E081 (01/04)