

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


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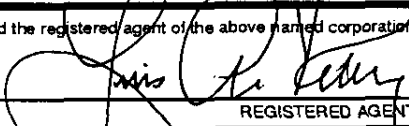
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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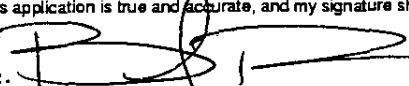
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<b>CORPORATION REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>P940000 10645</u>			
1. Corporation Name  Rescom Builders, Inc.			
2. Principal Office Address 9600 S.W. 8 Street Suite, Apt. #, etc. Suite 50 City & State Miami, FL Zip 33174 Country USA		3. Mailing Office Address 9600 S.W. 8 Street Suite, Apt. #, etc. Suite 50 City & State Miami, FL Zip 33174 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 02/03/1994		5. FEI Number 652153208 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>	
Name Miami Corporate Systems, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 283 Catalonia Avenue	
Suite, Apt. #, Etc. 2nd Floor	
City Coral Gables	State FL Zip Code 33134

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 8/30/2000
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
- D -	Roberto N. Ruiz	9600 S.W. 8 Street Ste. 50	Miami, FL 33174
D	Robert J. Ruiz	9600 S.W. 8 Street Ste. 50	Miami, FL 33174

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 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: 	Date 8/30/2000 Daytime Phone # (552-7777) 305
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E081 (9/99)