

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 23 PM 5:01

DOCUMENT # P94000019464

1. Corporation Name

CERTIFIED BUILDING SYSTEMS INC.

Principal Place of Business

Mailing Address

10990 CYPRESS RUN CIRCLE
CORAL SPRINGS FL 33071
US

10990 CYPRESS RUN CIRCLE
CORAL SPRINGS FL 33071
US



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

2. New Principal Office Address, If Applicable

10388 NW 5TH COURT
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10388 NW 5TH COURT
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

03/10/1994

5. FEI Number

65-0579978

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33071

Country

USA

Zip

33071

Country

USA

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTSD	ENE A, VINCENT	6107 NW 71 AVE 10388 NW 5TH CT C	TAMARAC FL CORAL SPRINGS
			700003784447--2 -02/28/01--01023--006 ****150.00 ****150.00
			700003784447--2 -02/28/01--01023--007 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

ENE A, VINCENT
6107 NW 71 AVE
TAMARAC FL 33321
10388 NW 5TH CT
CORAL SPRINGS FL
33071

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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)(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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD

CR2E040 (8/00)

DIROCCO & DOMBROW, P.A.
3601 W. COMMERCIAL BLVD., SUITE #39
FT. LAUDERDALE, FL 33309
(954) 731-8181

February 6, 2001

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Certified Building Systems, Inc.
Document Number: P94000019464
2000 Annual (Uniform) Report Filing

Gentlemen,

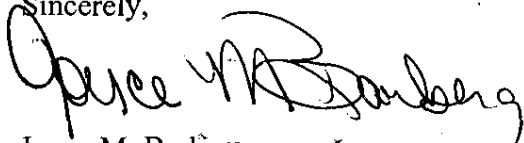
Our client has asked we write on his behalf regarding the above-mentioned filing.

Please be advised that this client moved 3 times in the year 2000. Not realizing that he ~~did not inform the State of each location change he was unaware the 2000 Uniform~~ Report filing had been missed until this form eventually made it to the correct forwarding address.

Mr. Enea has always filed these reports in a timely manner, and in lieu of the unusual circumstances, we ask that you accept the 2000 Uniform Business Report as being timely filed and forward the 2001 Uniform Business Report so that it may be filed in a timely manner.

Thanking you in advance for your cooperation in this matter.

Sincerely,



Joyce M. Barbera
For the Firm

Enclosures