APPLICATION FOR REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		1998 JAN -2 FN 12: 11			
1. Corpore	UMENT # P94(ation Name BUILDING, INC.	00065	051		SEC TALL	DRETARY OF ST LAMASSEE, FLO	RIDA	
Principal Place of Business 801 E. ATLANTIC BLVD. POMPANO BEACH FL 33060		901 E. A	Mailing Address 901 E. ATLANTIC BLVD. POMPANO BEACH FL 33060					
	inclpal Office Address, If Applicable	3. New N	ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.			orated or Qualified ness in Fłorida	08/29/1994	
City & State			City & State		5. FEI Number	65-0517088	Applied For	
Zip Country		Zip Countr		ntry	6. CERTIFICATE OF STATUS DESIRED of Status for a Certificate of Status			
7. Names	and Street Addresses of Each Officer	and/or Director(Florida nonprofit corpo	orations must list at le	<u> </u>		TOTAL CONTINUENCE OF CARLOS	
Title(s)	Name of Officer and/or Directors 2	6	3 (Do NOT	Street Address of Eac Officer and/or Directo Use Post Office Box	h r Numbers)	City	// State / Zip	
0	FALK, RONALD		901 E. ATLAN		· , , , , , , , , , , , , , , , , , , ,	POMPANO BEACH FL		
					200023928821 -01/07/9801082003 ****505.00 ****\$505.00			
					200002392882- -01/07/98010820 ****165.00 *****16		01082004 0 ****165.00 /	
					REIN	STATEM	ENT PANDE	
	8, Name and Address of Curr	vent Deviate and			O Nome and	/		
EALK	RONALD	rent Negistered A	rgent	Name	9. Name and 7	Address of New Registe	red Agent	
901 E. ATLANTIC BLVD. POMPANO BEACH FL 33060				Street Address (Street Address (P.O. Box Number is Not Acceptable)			
				Sulte, Apt. #, Etc	Sulte, Apt. #, Etc.			
<u> </u>				City			State Zip Code	
io. I, being Signature o Registered		REGISTERED	AGENT MUST SIGN	with and accept the o	bligations of Secti	on 607.0505, F.S. Date 10/2	8/97	
	is corporation owes or angible Personal Prop			ear Yes 🔲	No 🔲		er side for information intangible tax.)	
12. I certify	that I am an officer or director or the statement application, the reason for	receiver or trustee	empowered to execut	le this application as prograte page	provided for in cha	pter 607 or 617, F.S. I fu	ther certify that when filing	