

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000084926

1. Corporation Name

ASSET BUILDERS, INC.

Principal Place of Business

60 WEST AVE
ST AUGUSTINE FL 32084

Mailing Address

60 WEST AVE
ST AUGUSTINE FL 32084

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. ---		Suite, Apt. #, etc. ---		11/06/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3341709	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
DPVS	SCHARF, ROGER W	60 WEST AVE	ST AUGUSTINE FL 32084

900024250739
10/29/03--01041--008 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SCHARF, ROGER W 60 WEST AVE ST AUGUSTINE FL 32084		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. or 617.0505, F.S.

Signature of Registered Agent Roger W. Scharf Date 10/27/03

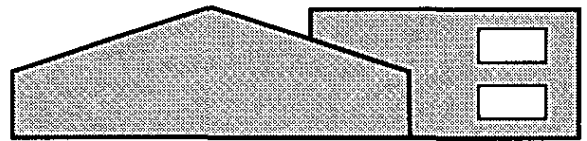
REGISTERED AGENT MUST SIGN

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: Roger W. Scharf Roger W. Scharf Date 10/27/03 Daytime Phone # 904-808-1961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)



ASSET Builders, Inc.
engineering • construction

Monday, October 27, 2003

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

Re: Active status per # P95000084926

To whom it may concern:

This notice of form UBR was not received by mail to my office mailing address until the date of October 27, 2003. At this time I am remitting the required fee to file without penalty, my Check # 5537 in the amount of \$ 150.00.

Due to mailing mishap please accept this completed and signed application for reinstatement, for account # P95000084926.

If further assistance is required please contact me.

Respectfully;

A handwritten signature in cursive script that reads "Roger W. Scharf".

Roger W. Scharf/ President
Asset Builders, Inc.