

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000068877**

1. Corporation Name

NEMROD BUILDERS, INC.

Principal Place of Business

20316 NW 27TH COURT
MIAMI FL 33056

Mailing Address

20316 NW 27TH COURT
MIAMI FL 33056

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 08/16/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0688426
City & State	City & State	Applied For Not Applicable
Zip	Zip	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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	NEMROD, CEPHAS	20316 N.W. 27TH COURT	MIAMI FL 33056
			200003071382--8
			12/15/99 01075 021
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**NEMROD, CEPHAS
20316 NW 27TH COURT
MIAMI FL 33056**

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

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

Cephas Nenard **REQUIRED** **REGISTERED AGENT MUST SIGN** Date **11-18-99**

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)(l), 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:

Cephas Nenard **REQUIRED** **SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-99
Daytime Phone #

CP2020 (959)