PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	
CORPORATION REINSTATEMENT FLORIDA DEPARTME Secretary of DIVISION OF CORPO	State 04 NOV 15 AM 9: 45 PRATIONS SECRETARY OF STATE
DOCUMENT # P97000130707 1. Corporation Name Building & Development	L Cuep.
	400043098094 12/01/0401027022 **200.00
2. Principal Office Address 2337 PREHLY BAYRTSL'DR. Suite, Apt. #, etc. 3. Mailing Office Address 2337 PREHLY B Suite, Apt. #, etc.	eyouTsland DeREINSTATEMENT 99-04
Sty & State City - Flykids Kanama City.	4. Date Incorporated or Qualified To Do Business in Florida April 4, 1997 5. FEI Number Applied For
Zip Country Zip Co	Unitry 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee regulated to a Certificate of Status
Name Charles B. DRAKE III Street Address (P.O/Box Number is Not Acceptable) 2387 + Retty Bry R Island DR. Suite App #, Etc. City Ponamo City Florida FL 32405	
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 REGISTERED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Name of Officers and/or Directors Whate B Drake TA 2357 F	Street Address of Each Offiger and for Director Offiger Address of Each Offiger and for Director Offiger Address of Each Offiger and for Director Offiger Address of Each Offi
prestat Mrs. Jennife Demeu 2328	Gratesticad Ct Vilginin Beach, Va 23456
Place Mr. Carolam Malbrough 16D,	shigren Ave Pretenant, VAZ3702
	100042395041 11/02/0401027006 **1300.00
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: WALLS B. DRAKE 10.28-04 3.9 -8048	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER	