

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 30 PM 2:47

SIGNATURE OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000039013  
1. Corporation Name  
Aaron Structural Builders Inc

REINSTATEMENT 02-03

2. Principal Office Address  
655 NW 100 ST  
Suite, Apt. #, etc.

3. Mailing Office Address  
SAME  
Suite, Apt. #, etc.

900009687029  
12/26/02--01020--011 \*\*758.75

City & State  
MIAMI FL  
Zip  
33150 Country  
US

City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number  
65-011708 Applied For  
Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent  
Name  
VICTOR SCHEIDE  
Street Address (P.O. Box Number is Not Acceptable)  
3403 NE 171 ST  
Suite, Apt. #, Etc.  
City  
MIAMI State  
FL Zip Code  
33162

900009687029  
02/28/03--01045--012 \*\*150.00

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 [Signature] Date 12-2002  
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres</u>	<u>VICTOR SCHEIDE</u>	<u>3403 NE 171 ST</u>	<u>MIA FL 33162</u>

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: [Signature] Date: 12-2002 Daytime Phone #: 305 7445506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E091 (8/01)