

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 30 PM 2:47


SIGNATURE STATE
TALLAHASSEE, FLORIDA

JS

REINSTATEMENT 02-03

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

CORPORATION
REINSTATEMENT



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

DOCUMENT # P97000039013
1. Corporation Name
Aaron Structural Builders Inc

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

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

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 12-20-02
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 12-20-02 Daytime Phone # 305 744 5506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E091 (8/01)