


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		05 SEP 27 PM 2:47																													
DOCUMENT # P98000046750																																	
1. Corporation Name Eldorado Building Construction, Inc.																																	
2. Principal Office Address 11767 So. Dixie Hwy. Suite, Apt. #, etc. # 136 City & State Miami, FL Zip 33156 Country USA		3. Mailing Office Address 11767 So. Dixie Hwy. Suite, Apt. #, etc. # 136 City & State Miami, FL Zip 33156 Country USA		REINSTATEMENT CRZE081 (8/05) 03-05																													
4. Date Incorporated or Qualified To Do Business in Florida 05/26/1998				5. FEI Number 65-0905389 Applied For Not Applicable																													
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent																																	
Name Ruben Bertran																																	
Street Address (P.O. Box Number is Not Acceptable) 11767 So. Dixie Hwy. 700050011737 27/05--01051--003 **1058 75																																	
Suite, Apt. #, Etc. # 136																																	
City Miami				State FL Zip Code 33156																													
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 <u>R. Bertran</u> Date <u>09/21/2005</u> REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>P D</td><td>Ruben Bertran</td><td>11767 So. Dixie Hwy.</td><td>Miami, FL 33156</td></tr><tr><td>V D</td><td>Luis Villar</td><td>11767 So. Dixie Hwy.</td><td>Miami, FL 33156</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P D	Ruben Bertran	11767 So. Dixie Hwy.	Miami, FL 33156	V D	Luis Villar	11767 So. Dixie Hwy.	Miami, FL 33156																
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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: <u>R. Bertran</u> - RUBEN BERTRAN 09/21/2005 305-257-3755 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																	

B. Mitchell SEP 28 2005