


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 NOV 17 PM 3:08 <i>Amended</i> REINSTATEMENT 03.04	
DOCUMENT # <u>P98000064559</u>					
1. Corporation Name <u>OSCI Construction Inc.</u> <u>C/O Albert E. Gilmore Jr</u> <u>14620 Monroe Street 33176 - wny-40838</u>					
2. Principal Office Address <u>Above = Address</u>		3. Mailing Office Address <u>SAME</u>			
Suite, Apt. #, etc. <u>N/A</u>		Suite, Apt. #, etc. <u>N/A</u>			
City & State <u>Miami, Fla.</u>		City & State <u>Miami, Fla.</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>8/27/01</u>	
Zip <u>33176</u>	Country <u>Dade</u>	Zip <u>33176</u>	Country <u>North Ame.</u>	5. FEI Number <u>65-0854548</u>	
				<input checked="" type="checkbox"/> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>Albert EARSKINE Gilmore</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>14620 Monroe Street</u>					
Suite, Apt. #, Etc. <u></u>					
City <u>Miami, Dade County</u>				State <u>FL</u>	Zip Code <u>33176</u>
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>[Signature]</u> REGISTERED AGENT MUST SIGN				Date <u>10/30/04</u>	
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	
Pres.	<u>Albert EARSKINE Gilmore</u>	<u>14620 Monroe Street</u>		<u>Miami, Fla. 33176</u>	
Chair.	<u>Albert EARSKINE Gilmore</u>	<u>14620 Monroe Street</u>		<u>Miami, Fla. 33176</u>	
Treas.	<u>Edward Donnell CURRY</u>	<u>1240 N.W. 174 Street</u>		<u>Miami, Fla. 33169-5229</u>	
				<u>[Signature]</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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>10/30/04</u> Daytime Phone # <u>786-487-7474</u>	

CR2E081 (01/04)

November 10, 2004

I Albert Earskine Gilmore President and Chairman of OSCI Construction EFIN# 65-0854548.
did not receive annual business report for the year 2002-2003 or the year 2003-2004. That the
company should have received during those two years. Thank you for cooperation. -

President [Signature]

Chairman [Signature]

O.S.C.I. Construction

State of } FLORIDA

County of } DADE

Sworn to and subscribed before me this 10TH day of 11, 2004 by,

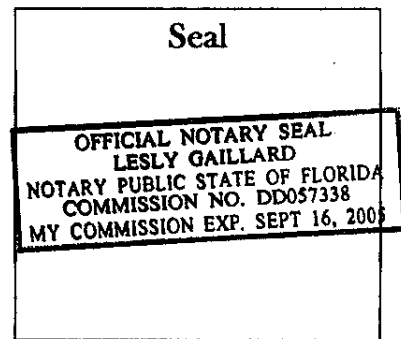
LESLEY GAILLARD who is personally known of has provided [Signature]

As identification.

[Signature]

Notary Public

My Commission Expires: SEP-6-2005



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