

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 17 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000087953

1. Corporation Name

DISTINCTIVE BUILDERS OF FLORIDA CORP.

Principal Place of Business

Mailing Address

11921 S. DIXIE HIGHWAY, #202
MIAMI FL 33156

11921 S. DIXIE HIGHWAY, #202
MIAMI FL 33156

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~7590 SW 159 PLACE~~

3. New Mailing Office Address, If Applicable

~~7590 SW 159 PLACE~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~MIAMI FL~~

City & State

~~MIAMI FL~~

Zip

~~33193~~

Country

~~USA~~

Zip

~~33193~~

Country

~~USA~~

REINSTATEMENT

99-00

4. Date Incorporated or Qualified To Do Business in Florida

10/14/1998

5. FEI Number

65-0938391

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$2.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VPD	CATASUS, LUIS F DELETE	7590 SW 159 PL 11921 S. DIXIE HIGHWAY, #202	MIAMI FL 33156 33193-2929
VPD	BEJAK, BENNY DELETE	11921 S. DIXIE HIGHWAY, #202	MIAMI FL 33156
ST	DENISE A. CATASUS DELETE	7590 SW 159 PL	MIAMI FL 33193-2929
D	LUIS E. CATASUS	7590 SW 159 PL	MIAMI FL 33193-2929
PVST	RICHARD HIPPOLEGRE	7590 SW 159 PL	MIAMI FL 33193-
			300003284279-2 -06/12/00-01017-008

8. Name and Address of Current Registered Agent

CATASUS, LUIS E
11921 S. DIXIE HIGHWAY, #202
MIAMI FL 33156

9. Name and Address of Current Registered Agent

Name LUIS E. CATASUS
Street Address (P.O. Box Number is Not Acceptable)
7590 SW 159 PL
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33193-2929

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

5/15/2000

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 992-6653

CR2E040 (8/99)