

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000003161 1. Entity Name ISRAEL BUILDER'S INC.				FILED 09 JUN 19 PM 2:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2856 NW 8TH PLACE FT LAUDERDALE, FL 33311		Mailing Address 2856 NW 8TH PLACE FT LAUDERDALE, FL 33311		 REINSTATEMENT 08-09 <small>06/12/2009 REIN P. 002E098 (1/07)</small>	
2. Principal Place of Business - No P.O. Box # 2893 N.W. 10 Court Suite, Apt. #, etc. ft. lauderdale FL		3. Mailing Address 2893 N.W. 10 Court Suite, Apt. #, etc. ft. lauderdale Fla			
City & State 33311 Broward		City & State 33311 Broward			
Zip 1		Zip 1			
4. FEI Number 65-0886399		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, JAMES E 2856 NW 8TH PLACE FT LAUDERDALE, FL 33311		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>James E. Ross</i></u> 6-12-09 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete ROSS, JAMES 2856 NW 8TH PL FORT LAUDERDALE, FL 33311		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 400157481364 06/19/09--01054--002 **308.75 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>James E. Ross</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>6-12-09</u> Daytime Phone #		

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