

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 31 AM 10:21

DOCUMENT # P99 000005793

1. Corporation Name

CIVILIZATION BUILDERS, INC.

2. Principal Office Address 1155 SEMINOLE DR.	3. Mailing Office Address SAME		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State TALL FL.	City & State		
Zip 32301	Country USA	Zip	Country

REINSTATEMENT

01-02

4. Date Incorporated or Qualified To Do Business in Florida	1/20/99
5. FEI Number 59-3551085	Applied For Not Applicable
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	JOHN M. CRONIN
Street Address (P.O. Box Number is Not Acceptable)	
1155 SEMINOLE DR.	
Suite, Apt. #, Etc.	
City	TALLAHASSEE
State	FL
Zip Code	32301

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

Zip Code

Parte 2

10/31/02

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.	JOHN CRONIN	1155 SEMINOLE DR.	TALL. FL. 32301
			000008724286
			19/31/02--01046--001--**900.00

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:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02 591 2766