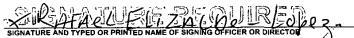
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris FOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS P99000048038 **DOCUMENT #** 00 DEC -4 PM 10: 30 1. Corporation Name SECRETARY OF STATE ELIZARDE CARPENTRY, INC. TALLAHASSEE FLORIDA Mailing Address Principal Place of Business 7025 MODERNA WAY 7025 MODERNA WAY ORLANDO FL 32812 ORLANDO FL 32812 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified To Do Business in Florida 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 05/24/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers and/or Directors City / State / Zip Title(s) RAfael Elizalde Lofez 32812 ****750.00 ****750.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name LOPEZ, RAFAEL E Street Address (P.O. Box Number is Not Acceptable) 7025 MODERNA WAY Suite, Apt. #, Etc. ORLANDO FL 32812 Zip Code State I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

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 contribution is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

FATURE:



REGISTERED AGENT MUST SIGN

11.30.2000

Daytime Phone #