PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

[redacted] DEPARTMENT OF STATE
[redacted] Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUN 28 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000058654

1. Corporation Name
MBM PLAstering Corp

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 8752 nw 116 th. | 8752 nw 116th |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Hialeah | City & State: Hialeah Garden |
| Zip: 33018 Country: DADE | Zip: 33018 Country: DADE |

P99000058654

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 595-72-3177 [redacted] Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Frank Miranda
Street Address (P.O. Box Number is Not Acceptable): 8752 nw 116th
Suite, Apt. #, Etc.: Hia
City: Hialeah Garden State: FL Zip Code: 33018

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****150.00 ****50.00

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] REGISTERED AGENT MUST SIGN Date 06/25/01

CR2E031 (9/00)

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 |
|---|---|---|---|
| Reesident | Frank Miranda | 8752 nw 116th | 8752 nw 116th Hialeah Garden 33018 |
| Vice | Belinda Miranda | 8752 nw 116th | 8752 nw 116th Hialeah Garden 33018 |
| Se | Frankly Miranda | 8752 nw 116th | Hialeah Fl 33018 |
| | | | |
| | | | |
| | | | |

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: [signature] Frank Miranda 05-05-01 305 362-0233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #