PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| FLORIDA DEPARTM | ENT OF STATE |
| CORPORATION Jim Sm | ith |
| Secretary of | State FILED |
| DIVISION OF CORE | ORATIONS COT III CO 11 |
| 200000000000000000000000000000000000000 | 02 OCT 11 AM 9: 14 |
| DOCUMENT # 5 - 566 15 | OF AT LITTLE OF AT LITTLE |
| 1. Corporation Name | SECRETAMY OF STATE TALLAMASSEE, FLOREA |
| Southern Building & Design, | Inc. |
| Outlinelly banding - J | |
| | 6000083159867 |
| | -10/10/0201102009 |
| 2. Principal Office Address 3. Mailing Office Address | -10/10/0201102008 ****308.75 *****308.75 |
| 932 Marlin Drive - Same | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | |
| | 4. Date Incorporated or Qualified To Do Business in Florida |
| City & State City & State | 05/27/7/ |
| Jupiter Florida | 5. FEI Number Applied For |
| Zip Country Zip Co | untry 6.5029/840 Not Applicable |
| 33458 U.S.A. | CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status |
| | ss of Current Registered Agent |
| Name | ss of contain value and when |
| Jeffrey D. Cameron | 1 |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 932 Marlin Drive | |
| Suite, Apt. #, Etc. | |
| City | State Zip Code |
| Jupiter | FL 23458 |
| 8. I, being appointed the registered agent of the above named corporation, am familia | |
| | r with and accept the obligations of section 607.0505 or 617.0503, F.S. Date 10/09/02 |
| Signature of Registered Agent Deffuy A. Com | neron Date 10/09/02 |
| REGISTERED AGENT MUST SIGN | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit con | porations must list at least 3 directors) |
| Titles Name of | Street Address of Each |
| Officers and/or Directors | Officer and/or Director City / State / Zip |
| President Jeffrey D Cameron 932 | Marlin Drive Jupiter, F1. 33458 |
| TOMIN DETTIES DI CAMETON 132 | Marlin Drive Jupiter, F1. 33458 |
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| this reinstatement application, the reason for dissolution has been eliminated, the c | ute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing or or 617, F.S. I further certify that when filing 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\text{ii}) F.S. The information indicated |
| on this application is true and accurate, and my signature shall have the same lega | effect as if made under oath. |
| SIGNATURE ASSESSMENT A | |
| SIGNATURE: SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER | OR DIRECTOR 10/09/02 (561) 748-7025 Date Daylime Phone # |
| | |

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To: Florida Dept. of State

Division of Corporations

409 East Gaines St.

Tallahassee, FL 32399

FROM: Southern Building & Design, Inc.
932 Marlin Or.
Jupiter, FL 33458

Dear Sirs:

I did not receive the uniform bysiness report for 2001, because of a bad address. Please waive any late penalties. Thanking you in advance.

Sincerely, Seffrey D. Comeron Seffrey D. Comeron