

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 16 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S85224

1. Corporation Name

BUILDERS EXCHANGE REALTY, INC.

REINSTATEMENT 01-03

100025513971

12/16/03--01016--007 **1050.00

2. Principal Office Address

9769 S. Dixie HWY

3. Mailing Office Address

9769 S. Dixie HWY

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

101

City & State

Miami, Florida

City & State

Miami, FL

Zip

33156

Country

USA

Zip

33156

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/04/1991

5. FEI Number

650313072

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

Jorge Gaviria

Street Address (P.O. Box Number is Not Acceptable)

9769 S. Dixie HWY

Suite, Apt. #, Etc.

101

City

Miami

State

FL

Zip Code

33156

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

REGISTERED AGENT MUST SIGN

Date 12/11/2003

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
P	Jorge Gaviria	9769 S. Dixie HWY #101	Miami, FL 33156

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/11/03

Daytime Phone #

305-666-8844

CR2E081 (10/02)