


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V70614					
1. Corporation Name J. B. CONTRACTORS, INC.					
2. Principal Office Address 2817 PRAIRIE AVE Suite, Apt. #, etc. N/A City & State MIAMI BEACH, FL. Zip 33140 Country U.S.A			3. Mailing Office Address 2817 PRAIRIE AVE. Suite, Apt. #, etc. N/A City & State MIAMI BEACH, FL. Zip 33140 Country U.S.A		
4. Date Incorporated or Qualified To Do Business in Florida OCT. 13, 1992			5. FEI Number 65 0367001		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			\$8.75 Additional Fee required for a Certificate of Status		

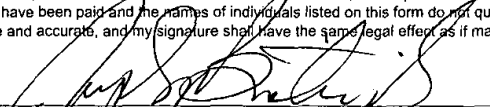
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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7. Name and Address of Current Registered Agent	
Name	JOSEPH M. BISTRITZ
Street Address (P.O. Box Number is Not Acceptable)	2817 PRAIRIE AVE.
Suite, Apt. #, Etc.	
City	MIAMI BEACH
State	FL
Zip Code	33140

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****150.00 ****150.00

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	Date Nov. 26, 2001
REGISTERED AGENT MUST SIGN	

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.	JOSEPH M. BISTRITZ	2817 PRAIRIE AVE	MIAMI BEACH, FL. 33140
SEC.			

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: 	NOV. 26, 2001 305-532-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

J. B. Contractors, Inc

2817 Prairie Ave
Miami Beach, Fl. 33140

Fl. State License No.
CBC 002397

Phone (305) 532-4400
Fax (305) 534-2025

November 26, 2001

Florida Dept. of State
Katherine Harris
Secretary of State
Div. of Corp.

Dear Madam;

As my record should indicate that a timely filing for renewal, on behalf of my Corporation was made each and every year, since it's inception. This was done by my attorney. The renewal papers were always sent to my attorney's office. This year, that law office has been closed and as a result the papers never reached me and so no renewal request has been filed.

I am enclosing herewith a check in the amount of \$ 150.00, for this year's renewal.

Thank you for your prompt consideration.

Very truly yours


Joseph M. Bistriz