

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V71791

1. Corporation Name

CENTERLINE BUILDERS, INC.

FILED
97 DEC 10 AM 9:5
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

~~8300 SOUTHWEST 102ND STREET~~
~~MIAMI FL 33156~~

~~8380 SOUTHWEST 102ND STREET~~
~~MIAMI FL 33156~~

PLEASE SEE BELOW

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

999 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 795

City & State

CORAL GABLES, FLA.

Zip 33134

Country U.S.A.

3. New Mailing Office Address, If Applicable

999 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 795

City & State

CORAL GABLES, FLA.

Zip 33134

Country U.S.A.

REINSTATEMENT

96-97
AD

4. Date Incorporated or Qualified To Do Business in Florida

10/13/1992

5. FEI Number

65-0365281

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	VARELA, MANUEL	8380 S.W. 102ND STREET	MIAMI FL , 33156

200002371312--4
-12/12/97--01119--001
****915.00 ****915.00

8. Name and Address of Current Registered Agent

VARELA, MANUEL
8380 SOUTHWEST 102ND STREET
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

M Varela
REGISTERED AGENT MUST SIGN

Date 12/3/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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:

M Varela MANUEL VARELA, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/97
Date

1-(305)
446-6220
Daytime Phone #

CPRE040 (7/95)