


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  **FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**DOCUMENT # P05000141052**  
**1. Corporation Name**  
**ADVANCE BUILDING SPECIALTIES INC.**

<b>2. Principal Office Address - No P.O. Box #</b> 401 EAST LAS OLAS BOULEVARD		<b>3. Mailing Office Address</b> 401 EAST LAS OLAS BOULEVARD	
Suite, Apt. #, etc. <b>STE 2000</b>		Suite, Apt. #, etc. <b>STE 2000</b>	
City & State <b>FORT LAUDERDLAE</b>		City & State <b>FORT LAUDERLAE</b>	
Zip <b>3301</b>	Country <b>FLA</b>	Zip <b>3301</b>	Country <b>FLA</b>

2007 MAR -2 PM 4:32  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 100096318951  
 04/10/07--01025--001 \*\*150.00  
 B4/S/07  
 CR2E081 (1/07)

**4. Date Incorporated or Qualified To Do Business in Florida** **12-29-05**

**5. FEI Number** **none**  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  
**NRAI SERVICES INC.**

Street Address (P.O. Box Numbers Not Acceptable)  
**2731 EXECUTIVE PARK DRIVE**

Suite, Apt. #, Etc.  
**SUITE 4**

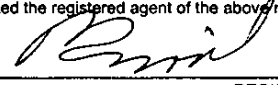
City  
**WESTON**

State  
**FL**

Zip Code  
**33331**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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.**

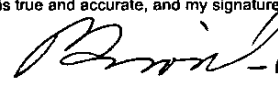
Signature of Registered Agent  Date **MARCH 30, 2007**

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
PD	HERNANDEZ, RENE, SR	10461 SW 66 TERRACE	MIAMI, FL 33173
VPD	FERNANDEZ ANTONIO, SR	10461 SW 66 TERRACE	MIAMI, FL 33173
ID	HERNANDEZ RENE JR	10461 SW 66 TERRACE	MIAMI, FL 33173
EVP-D	VAZQUEZ HECTOR	120 CONDADO ST, SUITE 205	SAN JUAN, PR 00907
SD	MALDONADO NEIL	1475 WILSON ST, SUITE 3-A	SAN JUAN, PR 00907
D	DIAZ ALFONSO	PO BOX 362588	SAN JAUN, M PR 00936

**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 contained in Chapter 119, 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:**  **RENE HERNANDEZ, PRESIDENT, 3/30/07 (787) 644-2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #