

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000045357

1. Corporation Name

ROBERT J ALTON BUILDERS, INC.

Principal Place of Business

1015 ENGLISH ST
TITUSVILLE FL 32796

Mailing Address

1015 ENGLISH ST
TITUSVILLE FL 32796



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3645134

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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	4 City / State / Zip
D	ALTON, ROBERT J	1015 ENGLISH ST	TITUSVILLE FL 32796

600008584766
10/25/02--01014--010 **158.75

10/29

8. Name and Address of Current Registered Agent

ALTON, ROBERT J
1015 ENGLISH ST
TITUSVILLE FL 32796

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. or 617.0505, F.S.

Signature of Registered Agent

Robert J. Alton
REGISTERED AGENT MUST SIGN

Date 10/28/02

11. 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:

Robert J. Alton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02
Date

321-223-7605
Daytime Phone #

CR2E040 (8/02)

October 22, 2002

Ref: Robert Alton Builders Incorp.

To Whom it may concern:

This is to notify you that I did not receive two Prior Uniform Business Notices.

Please reinstate the Corporation. The fee will be enclosed.

Yours truly

(Robert J. Ottow)
President