

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 11 AM 8:20

DOCUMENT # P00000045357
1. Corporation Name Robert J. Alton Builders Inc.

2. Principal Office Address
5 Broad St.
Suite, Apt. #, etc.

3. Mailing Office Address
5 Broad St.
Suite, Apt. #, etc.

REINSTATEMENT 04-05

City & State
Titusville Fl.

City & State
Titusville Fl.

Zip Country
32780 Brevard

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32780 Brevard

4. Date Incorporated or Qualified To Do Business in Florida 5/3/2000

5. FEI Number 59-3645134 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$275 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Robert J Alton 800048582078

Street Address (P.O. Box Number is Not Acceptable) 5 Broad St. 03/17/05--01007--012 **900.00

Suite, Apt. #, Etc.

City Titusville State FL Zip Code 32780

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 Robert J. Alton REGISTERED AGENT MUST SIGN Date 3/3/05

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
<u>Pres</u>	<u>Robert J. Alton</u> <u>President</u>	<u>5 Broad St.</u>	<u>Titusville Fl. 32780</u>

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: Robert J. Alton 3/3/05 321-501-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)