

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 10:30

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000005713**

1. Corporation Name

**ADMIRAL BUILDERS, INC.**

Principal Place of Business

Mailing Address

~~27515 TIERRA DEL SOL  
 BONITA SPRINGS FL 34135~~

~~27515 TIERRA DEL SOL  
 BONITA SPRINGS FL 34135~~



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

**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/12/2001

Suite, Apt. #, etc.

~~9820 MONTANA COURT~~

Suite, Apt. #, etc.

~~PO Box 3127~~

City & State

~~BONITA SPRINGS, FL~~

City & State

~~BONITA SPRINGS, FL~~

5. FEI Number

74-2987931

Applied For

Not Applicable

Zip

~~34135~~

Country

~~USA~~

Zip

~~34133~~

Country

~~USA~~

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	4 City / State / Zip
DPT	ROTHROCK, CARL	<del>27515 TIERRA DEL SOL</del>	BONITA SPRINGS FL 34135
		9820 MONTANA CT <del>BONITA SP</del>	

700024022157  
 10/22/03--01062--014 \*\*758.75

*10/28*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ROTHROCK, CARL  
 27515 TIERRA DEL SOL  
 BONITA SPRINGS FL 34135~~  
 9820 MONTANA CT  
 BONITA SPRINGS, FL  
 34135

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

*[Signature]*

Date

10/13/03

REGISTERED AGENT MUST SIGN

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:

*Carl Rothrock*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/03 (239) 390-1551

CR2E040 (7/03)