

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAY -5 PM 1:57



**DOCUMENT # P07000036538**

1. Entity Name  
**APPLIED BUILDING DEVELOPMENT OF ORLANDO-B.C., INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>8000 THE ESPLANADE<br/>ORLANDO, FL 32836</b> | Mailing Address<br><b>8000 THE ESPLANADE<br/>ORLANDO, FL 32836</b> |
|--|--|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>7380 W. Sand Lake Rd</b> | 3. Mailing Address<br><b>7380 W. Sand Lake Rd</b> |
| Suite, Apt. #, etc.<br><b>Suite 420</b>                                       | Suite, Apt. #, etc.<br><b>Suite 420</b>           |

04282009 REIN-P CR2E098 (1/07)

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| City & State<br><b>Orlando FL</b> | City & State<br><b>Orlando FL</b> |
| Zip<br><b>32819-5251</b> Country  | Zip<br><b>32819-5251</b> Country  |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>20-8775229</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

6. Name and Address of Current Registered Agent

**KOHN, DAVID  
8000 THE ESPLANADE  
ORLANDO, FL 32836**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**7380 W. Sand Lake Road  
Suite 420**  
City **Orlando** FL Zip Code **32819**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | D <input type="checkbox"/> Delete<br><b>KOHN, DAVID</b> |
| NAME                       | <b>8000 THE ESPLANADE</b>                               |
| STREET ADDRESS             | <b>ORLANDO, FL 32836</b>                                |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete                         |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete                         |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete                         |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete                         |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>7380 W. Sand Lake Rd Suite 420</b>  |
| STREET ADDRESS  | <b>Orlando FL 32819</b>  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | <b>800155467348</b>  |
| STREET ADDRESS  | <b>05/05/09--01041--029 **300.00</b>   |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | <b>B S / 11 / 09</b>   |
| STREET ADDRESS  | <b>08-09</b>   |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:** \_\_\_\_\_ **4-28-09** **407.370.6400**

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