

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -7 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 195000001077

**1. Corporation Name**

North Central Florida Builders  
Council, Inc.

**2. Principal Office Address**

1232 Baya Ave.

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 2407

Suite, Apt. #, etc.

**City & State**

Lake City, FL

Zip

32055

Country

US

**City & State**

Lake City, FL

Zip

32056

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/06/95

**5. FEI Number**

Not Applicable

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

Stanley Crawford

Street Address (P.O. Box Number is Not Acceptable)

Rt. 10, Box 970

Suite, Apt. #, Etc.

City

Lake City, FL

State

FL

Zip Code

32025

**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

Stanley Crawford

REGISTERED AGENT MUST SIGN

Date

10-3-03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| P      | Blake N. Lunde, II                   | 119 Gray Glen                                     | Lake City, FL 32055 |
| VP     | Sammy Keen                           | 764 SW Riverside Ave                              | Ft. White, FL 32038 |
| VP     | Stephen Crawford                     | 991 SW Charleston Ct                              | Lake City, FL 32025 |
| T      | Bill Johns                           | 4929 104 <sup>th</sup> Terr.                      | Live Oak, FL 32060  |
| D      | Dave Mangrum                         | Rt. 6, Box 323                                    | Lake City, FL 32025 |
| D      | Lonnie Halthiwanger                  | P.O. Box 2199                                     | Lake City, FL 32056 |

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1-03 (386) 867-0296

Date

Daytime Phone #

CR2E081 (10/02)