2000	HNIEGDM	BIIGINEGG	DEDORT	/IIRD
2000	UNIFUKM	BUSINESS	REPURI	labu

1. Entity Name						ĮV	16	
NORTHV	VEST BUILDERS, INC.				FIL	ED		
Principal Place of Business Mailing Address					00 OCT 27 AM II: 02			
221 N PALAFOX ST PENSACOLA FL 32501 US		221 N PALAFOX ST PENSACOLA FL 32501 US			SECRETARY OF STATE TALLAHASSEE FLORIDA			
2. Principal Place of Business 407 W. Lee Street Suite, Apt. #, etc.		3. Mailing Address 407 W. Lee Street Suite, Apt. # etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number 59-1140527 Applied For			
Pensacola, Florida Zip Country		Pensacola, Flo	Pensacola, Florida		5. Certificate of Status Desired \$8.75 Additional			
<u>32501</u>	U. S.	32501	lu.s.		7. Name and Address of New R	Fee Require	d	
6. Name and Address of Current Registered Agent NEWMAN, SAMUEL C 407 W. LEE ST. PENSACOLA FL 32501				Mary M. Newman reet Address (P.O. Box Number is Not Acceptable) 407 West Lee Street				
				ensacola	sacola FL Zip Code 32501			
SIGNATURE _	named entity submits this statement Mary M. Jew Signature, trying or printed name of redistered agent Larry M. Newman	man	s registered office	ce or registered	agent, or both, in the State of Fio	10/23/00 DATE		
•	ration is eligible to satisfy its Intangib equirement and elects to do so. a on back)	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750 Make Check Payable to Department of Stat			I ITUSI PUNU CONTINUUTON. LJ AGGEG TO FEES I			
11.	OFFICERS AND		12.		ADDITIONS/CHANGES TO OFFI			
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TITLE NAME		☐ Delete	TITLE NAME	TOP .		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied wi	th this filing does not qualify fo	STREET ADDR CITY-ST-ZIP or the exemption		on 119.07(3)(i). Florida Statutes. I	further certify that the in		

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/00

850) 469-5375)

Mary M. Newman

WILLIAM V. LINNE

ATTORNEY AND COUNSELLOR AT LAW

127 PALAFOX PLACE

PENSACOLA, FLORIDA 32501

(850) 433-2224
FACSIMILE (850) 433-3301
E-MAIL: blinne@linnelaw.com

October 24, 2000

MAILING ADDRESS:
POST OFFICE BOX 12347
PENSACOLA, FLORIDA 32581-2347

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re:

Northwest Builders, Inc.

2000 Uniform Business Report

Document #184414

Dear Sir or Madam:

Enclosed is the 2000 Uniform Business Report for the above-referenced corporation and a check for \$150.00 made payable to Department of State. We request that you reinstate said corporation and waive the reinstatement penalty under to the following circumstances:

- (1) Samuel C. Newman, President, Director and Registered Agent of the corporation, died July 10, 2000. A copy of the death certificate is enclosed.
- (2) For months prior to his death, Mr. Newman had been ill, had been hospitalized and had been unable to manage the business affairs of the corporation.
- (3) At the time, there were no other active participants or employees of the corporation and no one reviewing mail at the corporation's principal place of business.
- (4) Just recently, during the process of the estate administration, Mary M. Newman, the personal representative of the estate, discovered the delinquent 2000 Uniform Business Report.
- (5) The corporation has elected new officers and directors who submit the enclosed form and request reinstatement of Northwest Builders, Inc. and a waiver of the penalty.

If you have any questions or need additional information, please give my office a call.

William V. Linne

truly yours.

WVL:jel Enclosure

cc: Mary M. Newman clients\newwman.sam\div-corp.let