

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 489352

1. Corporation Name

PLYMOUTH BUILDERS, INC.

Principal Place of Business

13903 CLUBHOUSE DRIVE  
TAMPA FL 33624  
US

Mailing Address

13903 CLUBHOUSE DR.  
TAMPA FL 33624  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/1975

5. FEI Number

59-1631508

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A: This fee is required for a Certificate of Status.



REINSTATEMENT 99

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
DV	BLAESER, JAMES A.	13903 CLUBHOUSE DR.	TAMPA FL
<del>VTS</del>	<del>DEVINE, DAVID</del>	<del>10000 CLUBHOUSE DR.</del>	<del>TAMPA FL</del>
P	BLAESER, JOHN A.	13903 CLUBHOUSE DR.	TAMPA FL
			500003043415--8
			-11/12/99--01120--007
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~John Blaeser~~  
~~DEVINE, DAVID~~  
~~13903 CLUBHOUSE DRIVE~~  
~~TAMPA FL 33624~~

9. Name and Address of New Registered Agent

Name Blaeser, John A.  
Street Address (P.O. Box Number is Not Acceptable)  
13903 Clubhouse Drive  
Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

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.

Signature of  
Registered Agent

John Blaeser

REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/14/99

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:

John Blaeser QUIRRETT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/99

Daytime Phone #

813 961-381(22)