

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 NOV 14 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 519964

1. Corporation Name

DOUGLAS KING BUILDERS, INC.

Principal Place of Business

5528 PIMLICO DR.
TALLAHASSEE FL 32308

Mailing Address

5528 PIMLICO DR.
TALLAHASSEE FL 32308



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

2. New Principal Office Address, If Applicable

2655 Cap Circle NE
Suite, Apt. #, etc.

City & State

TALLAHASSEE

Zip

FI

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1976

5. FEI Number

59-1704233

Applied For

Not Applicable

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
PD	KING, DOUGLAS P	5528 PIMLICO DR.	TALLAHASSEE FL
VP	EDENFIELD, PENNY E	5528 PIMLICO DR.	TALLAHASSEE FL
AVP	TUCKER, ANTHONY	1425 E. JACKSON ST	THOMASVILLE GA 31792
ST	VISAGE, PAMELA	4331 YELLO LANE	TALLAHASSEE FL 32311

8. Name and Address of Current Registered Agent

KING, DOUGLAS P
5528 PIMLICO DR.
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name

700003463317--5

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

700003463317--5

****200.00 ****200.00

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/19/00

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/00

Date

850-893-3172

Daytime Phone #

CR2E040 (8/00)