

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 14 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 000 0000 4855

1. Corporation Name

American Building Contractors, Inc.

AMERICAN BUILDING CONTRACTORS INSURANCE RESTORATION SERVICES INC

2. Principal Office Address

12247 Nicollet Ave S.

Suite, Apt. #, etc.

City & State

Burnsville, MN

Zip

55337

Country

USA

3. Mailing Office Address

12247 Nicollet Ave S.

Suite, Apt. #, etc.

City & State

Burnsville, MN

Zip

55337

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

N/A

5. FEI Number

41-1701211

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

CT Corporation System

800021515558

07/14/03--01027--013 **300.00

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

1300 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Lauren Greco

Lauren Greco

Assistant Secretary

Date

4/30/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Brian Fischer	12247 Nicollet Ave S.	Burnsville, MN 55337
Vice			
President	Paul Woodward	12247 Nicollet Ave S.	Burnsville, MN 55337

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

Date

817-980-6826

Daytime Phone #

CR2E081 (10/02)