

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Division of Corporations

95-99 AR

95-99 AR

FILED

05 MAY 28 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F40849

1. Corporation Name

Bob Prout Builders, Inc

Principal Place of Business

Mailing Address

1119 SW 12th Ave.  
Cape Coral, FL 33991

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

August 18, 1991

5. FEI Number

59-2125495

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Robert E. Prout	1119 SW 12th Ave	Cape Coral, FL 33991

700002898157--2  
-06/08/99--01048--019  
\*\*\*1358.75 \*\*\*1358.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Robert E. Prout 1119 S.W. 12th Ave. Cape Coral, FL 33991	Name
	Street Address (P.O. Box Number is Not Acceptable)
	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

Robert E. Prout

REGISTERED AGENT MUST SIGN

Date 5-25-99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☒ No ☒

(See other side for information  
on intangible tax.)

12. 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 taxes 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Robert E. Prout

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-99

Date

941-574-7599

Daytime Phone #

CP2E031 (12/95)