

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 5:36

DOCUMENT # **F99000003073**

1. Corporation Name

BUILDERS FIRSTSOURCE OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

6550 ROOSEVELT BLVD
DALLAS TX 75201

7490 NEW TECHNOLOGY WAY
FREDERICK MD 21703



REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-2172981

Applied For

Not Applicable

City & State
Jacksonville Florida

City & State

Zip
32244

Country
Duval

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LEVY, PAUL S	2200 ROSS AVE., SUITE 4900 WEST	DALLAS TX 75201
D	YING, DAVID Y	2200 ROSS AVE., SUITE 4900 WEST	DALLAS TX 75201
PDC	ROACH, JOHN See Attached	2200 ROSS AVE., SUITE 4900 WEST	DALLAS TX 75201
D	MILGRIM, BRETT N	2200 ROSS AVE., SUITE 4900 WEST	DALLAS TX 75201
SVPS	MCALLENAN, DONALD F	2200 ROSS AVE., SUITE 4900 WEST	DALLAS TX 75201
SVTS	O'MEARA, KEVIN P	2200 ROSS AVE., SUITE 4900 WEST	DALLAS TX 75201

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

200004679472--1

-11/14/01--01032--001

****750.00 ****750.00

State

Zip Code

FL

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

Michael E. Jones
Assistant Secretary

Date **10/23/01**

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

Date

Daytime Phone #

10/18/01

(214)8803500

CR2040 (8/01)

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7.			
Title(s)	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City/State/Zip
Director and Chairman	Floyd Sherman	2200 Ross Avenue, Suite 4900 West	Dallas, TX 75201
Director	Ramsey Frank	2200 Ross Avenue, Suite 4900 West	Dallas, TX 75201