

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 DEC -3 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100138414311

12/03/08--01039--006 **168.75

DOCUMENT # G12953

1. Corporation Name

CLASSIC BUILDERS OF N.W. FL., INC. ^{Northwest Howard}

2. Principal Office Address - No P.O. Box #

69 HEWETT PT. ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SANTA ROSA BCH., FL.

City & State

Zip

Country U.S.A.

Zip

Country

32459

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

MAR. 3, 1983

5. FEI Number

59-2259873

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

LYNN P. MUNYON

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

69 HEWETT PT. RD.

Suite, Apt. #, Etc.

City

SANTA ROSA BCH., FL.

State
FL

Zip Code
32459

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

LYNN P. MUNYON

REGISTERED AGENT MUST SIGN

Date

12-1-08

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
PRES.	LYNN P. MUNYON	69 HEWETT PT. RD.	SANTA ROSA BCH., FL.

REINSTATEMENT

2008

[Signature]

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 contained in Chapter 119, 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:

LYNN P. MUNYON

LYNN P. MUNYON

12-1-08

Date

850-832-7772

Daytime Phone #

FORMERLY CENTURION II INC.