

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAR -9 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** G33484

**1. Corporation Name**

H. B. Showe Builders of Florida, Inc.

**2. Principal Office Address**

19321 US HWY 19N

Suite, Apt. #, etc.

#101

**City & State**

Clearwater, FL

**Zip**

33764

**Country**

USA

**3. Mailing Office Address**

1225 Dublin Road

Suite, Apt. #, etc.

**City & State**

Columbus, OH

**Zip**

43215

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/11/1998

**5. FEI Number**

31-1080045

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **XX**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03-04**

**7. Name and Address of Current Registered Agent**

**Name**

Albert D. Morrison, Jr.

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

19321 US Hwy 19 N

**Suite, Apt. #, Etc.**

#101

**City**

Clearwater

**State**

FL

**Zip Code**

33764

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**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**

*Albert D. Morrison, Jr.*

**Date** 3/1/04

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
DP	H. Burkley Showe	1225 Dublin Road	Columbus, OH 43215
VT	Hugh B. SHowe, II	1225 Dublin Road	Columbus, OH 43215
VAS	Andrew E. Showe	1225 Dublin Road	Columbus, OH 43215
VS	Kevin M. Showe	1225 Dublin Road	Columbus, OH 43215

**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:**

*Andrew E. Showe*

Andrew E. Showe

614-481-8106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TA

CR2E081 (01/04)