

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

99 AUG 25 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H07390**

1. Corporation Name

Navarre Builders, Inc.

Principal Place of Business

Mailing Address

**3505 Hwy. 87
Navarre, FL 32566**

**3505 Hwy. 87
Navarre, FL 32566**

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

2. New Principal Office Address, If Applicable

3505 Hwy. 87
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3505 Hwy. 87
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

6/11/84

5. FEI Number

59-2435877

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Ed Babiak	3505 Hwy. 87	Navarre, FL 32566
VP	Phil Babiak	8510 Navarre Pkwy.	Navarre, FL 32566

600002974476--4
-08/31/99--01040--007
*****1650.00 ***1650.00**

8. Name and Address of Current Registered Agent

Ed Babiak
3505 Hwy. 87
Navarre, FL 32566

9. Name and Address of New Registered Agent

Name
Ed Babiak
Street Address (P.O. Box Number is Not Acceptable)
3505 Hwy. 87
Suite, Apt. #, Etc.

City
Navarre

State
FL

Zip Code
32566

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]

REGISTERED AGENT MUST SIGN

Date **8/24/99**

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 807 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

EDWIN M. BABIAK

8/24/99

Date

850-862-7411

Daytime Phone #

KE

CP2E01 (12/98)