

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 19 AM 9:48

DOCUMENT # H25747

1. Corporation Name

OLD FLORIDA BUILDERS, INC.

2. Principal Office Address

2001 INTRACOASTAL DR

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33305-3635

Country

US

3. Mailing Office Address

2001 INTRACOASTAL DR

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33305-3635

Country

US

REINSTATEMENT

94-00

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

10/16/84

5. FEI Number

592454275

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

BRYAN PHEGLEY

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

2001 INTRACOASTAL DRIVE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE,

State

FL

Zip Code

33305-3635

400003314544-8

-07/06/00--01025--024

***1658.75 ***1658.75

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

Bryan Phegley

REGISTERED AGENT MUST SIGN

Date 6/15/00

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
P/D PRES/D	BRYAN PHEGLEY	2001 INTRACOASTAL DRIVE	FORT LAUDERDALE FL 33305-3635
V	KEVIN PHEGLEY	2001 INTRACOASTAL DRIVE	FORT LAUDERDALE FL 33305-3635

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:

Bryan Phegley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/00

Date

954-565-8295

Daytime Phone #

CR2E081 (9/99)