

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 AUG 26 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800007390478--3  
-08/28/02--01029--019  
\*\*\*\*900.00 \*\*\*\*900.00

**REINSTATEMENT 01-02**

**DOCUMENT #** K42368

**1. Corporation Name**

CONFIDENCE BUILDERS, INC.

**2. Principal Office Address**

1122 SE 6TH AVE

Suite, Apt. #, etc.

CAPE CORAL

City & State

CAPE CORAL FL

Zip

33990

Country

LEE

**3. Mailing Office Address**

1122 SE 6TH AVE

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

Zip

33990

Country

LEE

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

10/28/88

**5. FEI Number**

650079697

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

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

Name

ALFRED RODINO

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

1122 SE 6TH AVE

Suite, Apt. #, Etc.

CAPE CORAL

City

CAPE CORAL

State

FL

Zip Code

33990

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 8-22-02

**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			
SEC	ALFRED RODINO	1122 SE 6TH AVE	CAPE CORAL FL
DIR			33990
TREAS			

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-02

Date

Daytime Phone #

8/22/02