

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 OCT 14 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K62354

1. Corporation Name

Kingdom Builders, Inc.

2. Principal Office Address

1232 Windsor Harbor Dr

Suite, Apt. #, etc.

3. Mailing Office Address

1232 Windsor Harbor Dr

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32225

Country

USA

City & State

Jacksonville, Florida

Zip

32225

Country

USA

REINSTATEMENT

01-04

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

1986

5. FEI Number

#59-2961863

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

Arlene K. Nealis

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

1232 Windsor Harbor Drive

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32225

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

Arlene K. Nealis

REGISTERED AGENT MUST SIGN

Date 10/06/04

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	James Nealis, M.D.	1232 Windsor Harbor Dr.	Jay, Fl.

REINSTATEMENT 01-04

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:

Arlene K. Nealis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/06/04

Date

9042209354

Daytime Phone #

CR2E081 (01/04)

10/06/04

Dear Sirs:

I am asking for a waiver of fees
As my Corporation Kingdom Builders, Inc.
K 62354 has been dissolved and I have
lost the name. My office was moved
and I did not receive the forms in the
mail, I am told they were returned to
Tallahassee. I am sending in the
reinstatement form and \$600 as well
as a name change request and \$35. + \$8.75
Thank you very much.

Grace Adams K. Nealis.

My home #: 904-220-9354

Address: 1232 Windsor Harbor Drive
Jacksonville, Florida 32225