

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mcortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K71623**

1. Corporation Name

ALDERMAN BUILDERS, Inc.

Principal Place of Business

Mailing Address

WA7-19615

97 OCT -9 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. New Principal Office Address, If Applicable

2113 LAKE DEARA DRIVE

Suite, Apt. #, etc.

#1932

City & State

Orlando, FL

Zip

32835

Country

ORANGE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/9/89

5. FEI Number

65-0115711

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	Michael Edwin Alderman	2113 LAKE DEARA DRIVE #1932	Orlando, FL. 32835
Sec/Treas.	Brenda K. Alderman	11950 N. BAYSHORE DR. #1004	N. Miami Beach, FL. 33161

800002321028--1

-10/15/97--01076--011

*****1697.50 ***1697.50**

UB 10-10-97

8. Name and Address of Current Registered Agent

Brenda Alderman

9. Name and Address of New Registered Agent

Name

Michael E. Alderman

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

2113 LAKE DEARA DR.

Suite, Apt. #, Etc.

#1932

City

ORLANDO

State

FL

Zip Code

32835

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

Michael E. Alderman

REGISTERED AGENT MUST SIGN

Date **8/8/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 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:

Michael E. Alderman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/97
Date

(407) 296-3217
Daytime Phone #

CR2E040 (12/95)