

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **K91684**

1. Corporation Name

BUILDERS OF ALL FLORIDA, INC.

FILED

96 DEC 17 AM 10: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

2241-2ND AVE., SO.
P.O. BOX 40206
ST. PETERSBURG FL 33712
US

P.O. BOX 40206
ST. PETERSBURG FL 33743
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2051299

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	BAULDREE, RANDALL S.	2241-2ND AVE. SO.	GULF PORT FL
DPST	BAULDREE, RANDALL S.	2241-2ND AVE SO	St. Petu, Fla.

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAULDREE, RANDALL S.
2241-2ND AVE., SO.
ST. PETERSBURG FL 33712

Name

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

500002032995--4

Suite, Apt. #, Etc.

12/18/96-01102-025

***375.00 ***375.00

City

State

Zip Code

FL

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

Randall S. Bauldree
REGISTERED AGENT MUST SIGN

Date 12-11-96

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: *Randall S. Bauldree* RANDALL S BAULDREE Pres. 12-11-96 813-381-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #