

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

02 JUN 10 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L13949

1. Corporation Name

C S B Construction, Inc.

2. Principal Office Address

14570 S. Military Trail  
Suite, Apt. #, etc.

Suite G-2

City & State

Delray Beach, Fl.

Zip

33484

Country

USA

3. Mailing Office Address

14570 S. Military Trail  
Suite, Apt. #, etc.

Suite G-2

City & State

Delray Beach, Fl.

Zip

33484

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

September 5, 1989

5. FEI Number

65-0146052

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

Charles S. Baldwin

000005867680-0

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

5742 Aspen Ridge Circle

06/19/02-01069-009

\*\*\*300.00 \*\*\*300.00

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33484

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

Charles S. Baldwin

Date June 5, 2007

REGISTERED AGENT MUST SIGN

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

CEO/  
President Charles S. Baldwin

5742 Aspen Ridge Circle

Delray Beach, Fl. 33484

201.25-AR

10.00-ARATS

88.75-ARSUPP

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: Charles S. Baldwin, President & CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-637-7728

Daytime Phone #

**CSB CONSTRUCTION, INC**

**14570 S. MILITARY TRAIL**

**SUITE C-2**

**DELRAY BEACH, FL. 33484**

**PH: 561-637-7728**

**FAX: 561-638-5220**

**JUNE 5, 2002**

**DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P. O. BOX 6327  
TALLAHASSEE, FL. 32314**

**RE: BUSINESS CORPORATE REINSTATEMENT**

**TO WHOM IT CONCERNS:**

**I AM REQUESTING CORPORATE REINSTATEMENT FOR MY COMPANY CSB  
CONSTRUCTION, INC.**

**I DID NOT RECEIVE THE PAPERS OR FORMS FOR REPORTING AND WAS UN-  
AWARE THAT MY COMPANY WAS NOT LISTED AS ACTIVE. I HAVE ENCLOSED  
A CHECK FOR THE REINSTATEMENT FEE.**

**PLEASE SEND A NOTICE OR MAKE A PHONE CALL CONFIRMING THE REINSTATE-  
MENT OF ACTIVE STATUS. THANK YOU.**

**SINCERELY,**

A handwritten signature in cursive script, appearing to read "Charles S. Baldwin".

**CHARLES S. BALDWIN**

**PRESIDENT & CEO**