

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 27 PM 12:15

DOCUMENT # L85662

1. Corporation Name

Builder's Choice Lumber & Building  
Supplies, Inc.

REINSTATEMENT 01-02

2. Principal Office Address

2506 N. Roosevelt Blvd.

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

Monroe

3. Mailing Office Address

7600 W 20th Ave.

Suite, Apt. #, etc.

#213

City & State

Hialeah, FL

Zip

33016

Country

Miami Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0205977

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

01-15-02 90068 only \$750.00

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

Name

Harold P. Krautz

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

7600 W 20 Ave

Suite, Apt. #, Etc.

#213

City

Hialeah

100005316441-3

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\*\*\*\*150.00 \*\*\*\*150.00

State

FL

Zip Code

33016

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]*

Date 3/21/02

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
D	Riley, Peter	288 She Creek Ln	Clayton, GA 30525
DP	Gardner, Richard	18 EL MONTE LN	Key West, FL
DVP	Krautz, Harold P.	7600 W 20 Ave #213	Hialeah, FL 33016
CD	Foti, George	P.O. Box 222	Gallatin Gateway, MT 59730
			<i>[Signature]</i>

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

HAROLD P. KRAUTZ Vice-President

Date

3/21/02

Daytime Phone #

305-558-5300