

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 # M77116

1. Corporation Name

DURABLE BUILDING COMPANY

Principal Place of Business  
AMERIFIRST BLDG. STE 2660  
ONE S.E. 3RD AVE  
MIAMI FL 33131

Mailing Address  
P O BOX 3006  
DUBLIN OH 43016-0006  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/19/1988

5. FEI Number

31-1238829

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)

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
PTD	RAKESTRAW, W VINCENT	1 SE 3RD AVE, STE 2660	MIAMI FL
VS	LANG, TERRY	601 N. ORLANDO AVE.	MAITLAND FL
AS	CAMPBELL, BETTY A.	3749 WATT RD.	GAHANNA OH

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301

(Name Change)

9. Name and Address of New Registered Agent

Name  
CORPORATION SERVICE COMPANY  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hayes Street  
Suite, Apt. #, Etc.  
City  
Tallahassee  
State  
FL  
Zip Code  
32301

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

*Corporation Service Company*  
*Janella A. Simpson, Authorized Rep.*  
REGISTERED AGENT MUST SIGN

Date 11-7-97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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: *B.A. Campbell* B.A. Campbell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-04-97 793-0770  
Date Daytime Phone #

FILED  
97 NOV 10 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

9700

CR20040 (8-97)