

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAY 30 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M89899

1. Corporation Name

Donco Builders, Inc.

Principal Place of Business

Mailing Address

1100 W. Ave., Suite 1026
Miami Beach, Fl 33139

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

REINSTATEMENT

94-00

2. New Principal Office Address, If Applicable

1100 W. Ave.

3. New Mailing Office Address, If Applicable

1100 W. Ave.

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/98

Suite, Apt. #, etc.

1026

Suite, Apt. #, etc.

1026

5. FEI Number

65-0063663

Applied For

Not Applicable

City & State

Miami Beach, Fl

City & State

Miami Beach, Fl

Zip

33139

Country

USA

Zip

33139

Country

USA

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)
1

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

(Do NOT Use Post Office Box Numbers)

City / State / Zip

D/P/V
S/T

Donald H. Dworkes

1100 W. Ave., Suite 1026

Miami Beach, Fl
33139

400003298794--9

-06/21/00--01046--003

***1658.75 ***1658.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Donald H. Dworkes
7114 Southgate Blvd.
North Lauderdale, Fl 33068

Name

Donald H. Dworkes

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

1100 W. Ave.,

Suite, Apt. #, Etc.

Suite 1026

City

Miami Beach

State

FL

Zip Code

33139

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

REGISTERED AGENT MUST SIGN

Date May 26 2000

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date May 26 2000

Daytime Phone #

941-437-2130