PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -7 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001077

1. Corporation Name

North Central Florida Builders Council, Inc.

2. Principal Office Address	**3.** Mailing Office Address
1232 Baya Ave.	P.O. Box 2407
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake City, FL	City & State: Lake City, FL
Zip: 32055 Country: US	Zip: 32056 Country: US

200023613742
10/07/03--01048--013 **236.25

4. Date Incorporated or Qualified To Do Business in Florida 03/06/95

5. FEI Number Not Applicable ☐ 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: Stanley Crawford

Street Address (P.O. Box Number is Not Acceptable): Rt. 10, Box 970

Suite, Apt. #, Etc.:

REINSTATEMENT 03 TS

City: Lake City, FL State: FL Zip Code: 32025

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: Stanley Crawford — Date: 10-3-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	Blake N. Lunde, II	119 Gray Glen	Lake City, FL 32055
VP	Sammy Keen	764 SW Riverside Ave	Ft. White, FL 32038
VP	Stephen Crawford	991 SW Charleston Ct	Lake City, FL 32025
T	Bill Johns	4929 104th Terr.	Live Oak, FL 32060
D	Dave Mangrum	Rt. 6, Box 323	Lake City, FL 32025
D	Lonnie Halfhwanger	P.O. Box 2199	Lake City, FL 32056

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: _____ 10-1-03 (386)867-0296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #