


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

03 DEC 31 PM 2:35

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P00000006697**

1. Corporation Name  
**B & B ENTERPRISES CONSTRUCTION DIVISION, INC.**

Principal Place of Business 1776 SHERWOOD DR MIDDLEBURG FL 32068	Mailing Address 1776 SHERWOOD DR MIDDLEBURG FL 32068
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



**REINSTATEMENT JJ**

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		01/13/2000
5. FEI Number	59-3619953	Applied For / Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	4 City / State / Zip
DP	BATTIN, ROBERT L	1776 SHERWOOD DR	MIDDLEBURG FL 32068
DST	BATTIN, SHERRY E	1776 SHERWOOD DR	MIDDLEBURG FL 32068

600025900696  
 12/31/09--01060--001 \*\*750.00

8. Name and Address of Current Registered Agent

**BATTIN, ROBERT L**  
 1776 SHERWOOD DR  
 MIDDLEBURG FL 32068

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent: Robert L Battin Date: 12-28-03  
 REGISTERED AGENT MUST SIGN

11. 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: Robert L Battin Robert L BATTIN 12-28-03 509-6147  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)