PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

APPLICA

REINS	STATEMENT	NO.		Secretary of S		n ils	CORE TARY OF STAIL OF CORPORATION		
DOCUMENT # P0000021429 1. Corporation Name						OI DEC 11 PM 1:46			
HĘSSB	URG & CARL	SON COM	MERCIAI	L BUILDER:	S, INC.				
Principal Place of Business Mailing Addre				ess		(- TANIS BENNI BENNI BENNI BENNI BENNE SISEN NERSI BIRING SISEN HAN N	es:	
		1956 BRANTL CLERMONT F							
	ddresses are incorrect in								
906 JAN MARG			70	ng Office Address, II	Applicable CT	4. Date incorporated or Qualified To Do Business in Florida 03/01/2000			
Suite, Apt.	Surte E		5	etc.	<u>E</u>	5. FEI Number	Applied F		
City & Shate	lermont	'EC	City & State	lermont	P	6.	Not Appli		
アナグ	Country	USA	3471	Count	-05A	<u> </u>	OF STATUS DESIRED 50.73 Additional Feet to		
7. Names a	and Street Addresses of	Each Officer and/o	or Director (Flo		rations must list at lea treet Address of Each			-	
Title(s) 1	and/or Directors				officer and/or Director		City / State / Zip		
P	HESSBURG, DANIEL J			1956 BRANTLE	Y CIR BRANTEY	Cir	CLERMONT FL 34711		
V Ronald CARISON 15824 Lost Lake Rd Clermont, DL 347								Ш	
-					<u>\</u>	1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	2000047330624 -12/19/0101055016 ****150.00 ****150.00		
						7			
Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent			
						P.O. Box Number is Not Acceptable)			
1956 BRANTLEY CIR CLERMONT FL 34711					Suite, Apt. #, Etc.	s.		CR2E	
					City		State Zip Code	$\overline{}$	
10. I, being	g appointed the registere	d agent of the abo	ve named corpo	oration, am familiar	with and accept the o	bligations of Secti			
Signature o Registered		RE	GISTERED AG	BENT MUST SIGN	<u> </u>		Date		
this rein	estatement application th	he reason for disso seen paid and the r	llution has been names of individ	n eliminated, the corp duals listed on this fo	porate name satisfies orm do not qualify for	s the requirements ran exemption und er oath.	apter 607 or 617, F.S. I further certify that when fill of section 607.0401 or 617.0401, F.S., that all fe der section 119.07(3)(i), F.S. The information ind	965	
SIGNA		AND TYPED OR/PRI	TED NAME OF	SIGNING OFFICER OF	R DIRECTOR	IR	03/01 352-394-1899 Date Daytime Phone #		



COMMERCIAL BUILDERS, INC

December 3, 2001

State of Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

RE: Document # P000000021429

I am forwarding payment of \$150.00 (One hundred fifty dollars) for the registration of Hessburg & Carlson Commercial Builders, Inc. The original registration was never received at our office and therefore not completed in the time frame allotted. Your office informed me that if we send the original fee with a letter it would not be necessary to pay the fee for reinstatement.

If there are any problems with this please let me know.

Thank you,

Daniel J. Hessburg

President