

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 12 AM 10:13

DOCUMENT # P00000037224

Corporation Name

RAMSEY BUILDING Corporation

Principal Office Address

3332 White Blvd.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip Country

34117 USA

3. Mailing Office Address

3332 White Blvd.

Suite, Apt. #, etc.

City & State

Naples FL

Zip Country

34117 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4-7-00

5. FEI Number

# 59-3639643

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01

**7. Name and Address of Current Registered Agent**

Name

Benjamin S Ramsey

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

3332 White Blvd.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34117

600004649346-0

-10/23/01--01024--005

\*\*\*\*750.00 \*\*\*\*750.00

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

Benjamin S Ramsey

Date 10-10-01

REGISTERED AGENT MUST SIGN

**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
Pres.	Ben Ramsey	3332 White Blvd.	Naples FL 34117

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:

Benjamin S Ramsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-01

Date

941-348-2723

Daytime Phone #

CR2E081 (9/00)