

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 4:23

DOCUMENT # P00000040729

1. Corporation Name

C.L.B. CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

14980 LAKE HOUSE LANE,H-5
NAPLES FL 34110

14980 LAKE HOUSE LANE,H-5
NAPLES FL 34110



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

593657963

Not Applicable

Zip

Country

Zip

Country

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 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES	LOREN A BUTT	AS ABOVE	SAME
			000004657940-5 -10/29/01--01095--004 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUTT, LOREN A
14980 LAKE HOUSE LANE,H-5
NAPLES FL 34110

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

OCT -16-2001

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/01)

**C. L. B. Construction
14980 Lakehouse Lane H-5
Naples, Florida 34110**

**Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314**

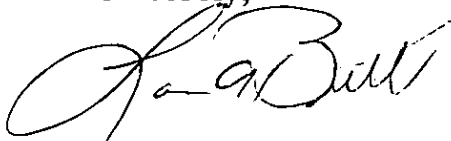
To Whom It May Concern:

We are experiencing great difficulty in receiving our mail as we live in a condominium complex and the mail is always getting routed to the wrong address. Yesterday a women from two complexes over hand delivered this form to me and said she had received it several days ago and was just now getting to me. I can assure you I handle my mail on a daily basis and would have been prompt in returning this to your office on the day it was received.

Yesterday I called to explain the situation to your staff and was informed that if I provided an explanation for the mistake and send in a check in the amount of \$150.00 this should solve the problem and the corporation would than me placed back in good standing. I have enclosed a check in the amount of \$150.00 for your consideration.

Please let me know if there is anything else I can provide to let this process continue on a smooth and orderly basis.

Sincerely,

A handwritten signature in black ink, appearing to read "Loren A. Butt", written in a cursive style.

**Loren A. Butt
President**

C.L.B. Construction