PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

000057228 DOCUMENT

1. Corporation Name

DIXON BUILDING SERVICES, INC.

Principal Place of Business

Mailing Address

345 PATRICK AVENUE MERRITT ISLAND FL 32953 345 PATRICK AVENUE MERRITT ISLAND FL 32953 FILED

02 DEC 19 AM 10: 34

SECRETARY OF STATE



If above a	ddresses are incorrect in any way, line the	ough incorrect in	nformation ar	and enter correction below.	ELLS	MILNE		
			Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/05/2000			
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. FEI Number 59-3649856 Applied For			
City & State		City & State			Not Applicable		Not Applicable	
Zip ¹ Country		Zip Co		Country	1 **	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee requir		
7. Names a	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofi	t corporations must list at le	east 3 directors)			
Title(s)	(s) Name of Officers and/or Directors		3	Street Address of Ea Officer and/or Direct		City / State / Zip		
PSD	DIXON, CAROL D	345 PATRICK AVENUE			MERRITT ISLAND FL 32953			
VP	DIXON, MICHAEC	. R.	345	PATRICK A	VE	MERRITI	72953 296AND 1-L	
VP	ANTONUCCI, JEFFEI	er D.	2140	CAPEVIEW		MERRITI MERRITIS	32952 LAND I'L	
4/1	PIXON, MICHAEL	<i>C</i> .		5 PATRICK A		MERRITT	15 LAN 11 17	
7					400	00096024 0 2-01086-008	114 1170 00	
					12/19/0	<u> </u>	**130.00	
8. Name and Address of Current Registered Agent				- August - Co	Name and Address of New Registered Agent			
				Name	Name			
DIXON, CAROL D 345 PATRICK AVENUE				Street Address	Street Address (P.O. Box Number is Not Acceptable)			
MERRITT ISLAND FL 32953				Suite, Apt. #, E	Suite, Apt. #, Etc.			
V	en de la companya della companya della companya de la companya della companya del			City	a ¹		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

12-16-02

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 filling 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.