

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000076730

1. Corporation Name

WALDOCH BUILDERS, INC.

Principal Place of Business

8509 LITTLE SCENIC LN
TALLAHASSEE FL 32308

Mailing Address

8509 LITTLE SCENIC LN
TALLAHASSEE FL 32308

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

2. New Principal Office Address, If Applicable

1028 EAST PARK AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1028 EAST PARK AVE
Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE, FL

Zip

32301 USA

Zip

32301 USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/2000

5. FEI Number

59-3677681

Applied For

Not Applicable

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
P	WALDOCH, STEPHAN L	8509 LITTLE SCENIC LANE	TALLAHASSEE FL 32308

200010136532
01/15/03--01086--003 **308.75
200010136532
01/15/03--01086--003 **150.00

8. Name and Address of Current Registered Agent

WALDOCH, STEPHAN L
8509 LITTLE SCENIC LN
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/28/02

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/28/02

Daytime Phone #

CP2E040 (8/02)

2052

To Whom:

THIS LETTER IS TO INFORM THAT I DID NOT
RECEIVE THE FIRST OR SECOND NOTICES FOR
THE YEAR 2002.

A handwritten signature in cursive script, appearing to read "D. Alford".