

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000114950**

1. Corporation Name

TRANE BUILDERS, INC.

Principal Place of Business

**9 LOST SPRING WAY
ORMOND BEACH FL 32174**

Mailing Address

**9 LOST SPRING WAY
ORMOND BEACH FL 32174**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

- 12/15/2000

5. FEI Number

59-3680812

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
D	TRANE, FRANK A JR	9 LOST SPRING WAY	ORMOND BEACH FL 32174

400024377434
11/03/03--01045--025 **150.00

8. Name and Address of Current Registered Agent

**TRANE, FRANK A JR
9 LOST SPRING WAY
ORMOND BEACH FL 32174**

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

FRANK A TRANE JR

REGISTERED AGENT MUST SIGN

Date

10/26/03

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:

FRANK A TRANE JR
FRANK A TRANE JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/26/03 (386) 673-4709

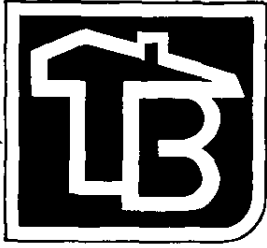
FILED

03 NOV -3 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

CR2E040 (7/03)



TRANE BUILDERS
CUSTOM HOMES & REMODELING

P.O. Box 3634 • Ormond Beach, Florida 32175 • Telephone 904/673-4709

10/26/03

Ref: Application For Reinstatement

This is to inform your office that prior U.B.R. notices were not received by our office. I have enclosed this letter, the reinstate form and the reinstate fee. Please process as soon as possible. Thank You.

Frank A. Trane Jr
Trane Builders Inc.