

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000003219

1. Corporation Name

TRUE CUT BUILDERS, INC.

Principal Place of Business

8145 HERITAGE WOODS DRIVE
CALLAWAY FL 32404

Mailing Address

8145 HERITAGE WOODS DRIVE
CALLAWAY FL 32404



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

01/04/2001

Suite, Apt. #, etc.

172 Byrd Dr.

Suite, Apt. #, etc.

PO Box 35217

City & State

Panama City FL

City & State

Panama City FL

Zip

Country

32404

US

Zip

32412-5217

Country

US

5. FEI Number

59-368-7341

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	Scott B. Carter	173 Byrd Dr.	Panama City FL 32404
V	Patrick White	5114 Stewart Dr.	Panama City FL 32404
S	Suzanne		
S	Suzanne B. Carter	173 Byrd Dr.	Panama City FL 32404

8. Name and Address of Current Registered Agent

STOPKA, ALBERT J III
108 MOSLEY DRIVE
LYNN HAVEN FL 32444

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, if applicable)

388000040349
10/29/02--01012--008 **750.00

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 10-25-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SCOTT B. CARTER

Date

240402(850) 832-302

Daytime Phone #

CR2E040 (8/02)