

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019642

1. Corporation Name

NATURE COAST BUILDERS, INC.

Principal Place of Business

880 N. BROAD STREET
SUITE 200
BROOKSVILLE FL 34601

Mailing Address

880 N. BROAD STREET
SUITE 200
BROOKSVILLE FL 34601



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

02/22/2001

5. FEI Number

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
Pres	Jerry Hammett	880 N Broad St Brooksville FL	34601
VP.	JACOB R GAVISH	880 W Broad St	Brooksville FL 34601

000008635890

10/28/02--01114--016 **150.00

PR 11/4

8. Name and Address of Current Registered Agent

GAVISH, JACOB R
880 N. BROAD STREET
SUITE 200
BROOKSVILLE FL 34601

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

CR2E040 (8/02)

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 REQUIRED GAVISH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02 352-7992121

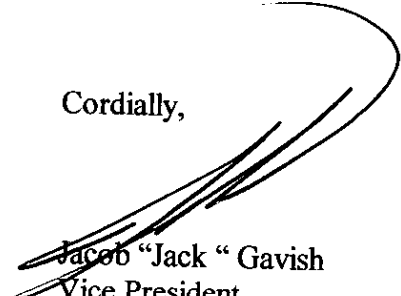
Daytime Phone #

Florida Department of Justice
Jim Smith
Secretary of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Dear Mr. Smith,

I am writing to inform you that I received a notice that my corporation, Nature Coast Builders, failed to file the 2002 corporation annual report/uniform business report. I never received the appropriate UBR notice when it was apparently mailed.

Cordially,



Jacob "Jack" Gavish
Vice President
Nature Coast Builders