

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P01000028704

1. Corporation Name

MODERN BUILDERS, INC.

REINSTATEMENT 05-06

2. Principal Office Address

12830 SW 34TH PLACE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

Zip

33330

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/01

5. FEI Number

65-1102127

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GREGG GLASSER 000082102620

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

12830 SW 34TH PLACE

Suite, Apt. #, Etc.

City

DAVIE

State
FL

Zip Code

33330

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-15-06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GREGG GLASSER	12830 SW 34TH PLACE	DAVIE, FL 33330
P	KATHERINE L. GLASSER	12830 SW 34TH PLACE	DAVIE, FL 33330

10. 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 contained in Chapter 119, 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

Date

11-15-06

Daytime Phone #

954-658-6183

Law Offices Of
JEFFREY A. LEVINE, P.A.
6751 N. Federal Highway
Suite 301
Boca Raton, Florida 33487

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JEFFREY A. LEVINE

TELEPHONE (561) 997-8688
FACSIMILE (561) 982-9878

November 21, 2006

Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

RE: Modern Builders, Inc. - P01000028704

Dear Ladies or Gentlemen:

Pursuant to our client's conversation with your office, enclosed is the Reinstatement form along with our check in the amount of \$300.00 representing the Annual Report Fees for 2005 and 2006. Your office advised our client that it would not have to pay any other fees for the reinstatement. As our client advised you, it never received the renewal notices due to the fact that they were sent to an incorrect address. The address now appearing on the form is the proper address.

If you have any questions, please do not hesitate to contact our office.

Very truly yours,



Jeffrey A. Levine

JAL/bks
enclosures

cc: Modern Builders, Inc.
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