PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | RPORATI ISTATEM | 2146063 | | DEPARTMENT Secretary of Sta SION OF CORPORA | ate | (| FILI 3 MAY -J SEODUTADY | AM 8: 33 | | |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------|--------------------------------------------|----------------------------------------------|-----------------------------|------------------------------------|--|
| DOCUMENT # P 01000082077 1. Corporation Name | | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| , | ation Name M Buildei | rs inc. | | | | | | | | |
| 2. Principal Office Address 820 S.W. Oak Meadows Dr. 3. Mailing Office Address P.O. 2787 | | | | | | 900017831009 05/01/0301058020 ***300.00 | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | etc. | | 4. Date Incor | porated or Qualified | _August_2 | 2001 | |
| City & State High Springs | | | <u>-</u> | High Springs | | 5. FEI Numbe | | | | |
| ^{Zip} 32643 | 3 | Country USA | 32655 | USA | | 6. CERTIFICATI | ERTIFICATE OF STATUS DESIRED S | | onal Fee required ficate of Status | |
| | | | 7. 1 | lame and Address o | f Current Register | ed Agent | | <u> </u> | | |
| | Street Add | | er is Not Acceptable) | 820 S.W. oa | k Meadows | Dr. | State Zip C | | | |
| 8. I, being Signature of Registered | of | registered agent of t | he above named corpo | oration, am familiar wil | th and accept the o | bligations of secti | | 7.0503, F.S. il 29, 2003 | | |
| 9. Names | s and Street Ac | Idresses of Each Offic | cer and/or Director (Fk | orida nonprofit corpora | itions must list at le | ast 3 directors) | <u>, </u> | | | |
| Titles | s Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | | City / State / Zip | | | |
| P/D | Martha B. Stapp | | | 820 S.W. Oak Meadows Dr. | | | High Springs, Fl. 32643 | | | |
| S/C | Harold A. Stapp Jr. | | | 820 S.W. Oak | c meadows Di | r. | High Springs Fl. 32643 | | | |
| | | | | | | , • | | | | |
| this re owed I on this | instatement ap by the corporat s application is | plication, the reason f ion have been paid at | ne receiver or trustee ele for dissolution has been nd the names of individ d my signature shall ha | n eliminated, the corpo luals listed on this form | orate name satisfies n do not qualify for | the requirements an exemption und | of section 607.04 ler section 119.07(| 01 or 617.0401, F.S., | , that all fees ation indicated | |
| SIGNA | Si | GNATURE AND TYPED | OF PRINTED NAME OF | SIGNING OFFICER OR | DIRECTOR | 4-00-0 | Date | Daytime Phone | 9# | |
| | , | KAROLD K | 1. STAPAJ. | \mathcal{R}_{i} | | | • | | 2/5/2 | |

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (URB)

| | MILOUM BOSINE | | - (0 | , | ٦. | | | | | |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|------------------------------------------------------------------------------|---------------------------------|----------------------------------|---------------|--------------------------------|--|--|
| DOCU 1. Entity Name | MENT # P 010000820 | | | | | | | | | |
| • | uilders inc. | | | | | · | | | | |
| | DO NOT WRITE | IN THIS S | PAC | E | ! | | | | | |
| Principal Place of Business S. Walling Address P.O. Box 2787 | | | | | | | | | | |
| Suite, Apt. #, etc. Suite. Apt. #, etc. | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & Stat High Spri | | City & State High Spings | | | 4. FEI Number 59-3745894 | | | Applied For Not Applicable | | |
| Zip 32643 | Country USA | Zip 32655 | | | | | | 5 Additional equired | | |
| | | | ఆధా జాక్షుక | Name Harel | 7. Name and Address | of Current Regis | stered Agen | <u> </u> | | |
| | DO NOT WI | RITE | | Name Harold A. Stapp Jr. Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| • | IN THIS SP | | | <u> </u> | · | | | | | |
| c. | | AOL | | | | ak Meadows Dr. | | | | |
| | | | | City High S | prings | | FL 32 | Code 643 | | |
| | e named entity submits this statement for tions of registered agent. | the purpose of changing i | is register | ed office or registe | ered agent, or both, in the | State of Florida. | I am tamiliar | with, and accept | | |
| SIGNATURE . | Signature, typed or printed name of registered agent ar | nd tale if applicable. (NC | OTE: Registere | d Agent signature require | ed when reinstating) | | DATE | | | |
| | nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department of \$ | State | | | 9. Election Car Trust Fund (| npaign Financin Contribution. | · , , , | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND C | | | | | | | | | |
| TITLE NAME | P/D Martha B.Stapp 820 S.W. Oak Meadows Dr. High Springs, Fl. 32634 | | | E | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | et address -St-Zip | | | | | | |
| TITLE NAME | S/C Harlod A. Stapp Jr. | | TITL NAM | 1 | | | | | | |
| STREET ADDRESS CITY+ST-ZIP | 820 S.W. Oak Meadows Dr. High Springs Fl. 32643 | STRE | ET ADDRESS -ST-ZIP | | | | | | | |
| TITLE | | • | וווו | E | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | and the second | 1 | E et address -st-zip | DO N | OT W | RITE | د چئیہ ئیے | | |
| TITLE | | <u> </u> | TITL | 1 | IN TI | IIS SP | ACF | · · | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | e Et address -st-zip | 114 13 | | . 7 | | | |
| TITLE | | | וות | 1 | | | ~ | | | |
| NAME STREET ADORESS | | | NAM STRE | E Et address | | | | | | |
| CITY-ST-ZIP | | | | -SI-ZIP | | | | | | |
| TITLE NAME | | | TITL! | | | · — | | | | |
| STREET ADDRESS | | | STRE | ET ADDRESS | | | | | | |
| indicatéd | certify that the information supplied with to on this report or supplemental report is provation or the receiver or trustee emporation. | true and accurate and that | for the exe t my signa | ture shall have the | same legal effect as if ma | de under oath; t | hat I am an c | ifficer or director | | |
| attachme | int with an address, with all other like emp | powered. | 5 c C. | , , | 4-30- | | 352 215-4 | | | |
| J. J. (71) | BIGNATURE AND TYPED OR PR | ENTED ME CONTING OFFICE | | | Date | | Daytime Ph | | | |
| - | HAROLD. A. | STA PPJR. | SEC/ | GHAR | | | | 215) | | |

2/5/2

A&M Builders Inc. P 01000082077 P.O. Box 2787 High Springs, Fl. 32655

April 30, 2003

Florida Department Of State Secretary Of State **Division of Corporations**

To Whom It May Concern;

. We request that the Reinstatement Fee be waived. We moved our Office to the current address in November of 2002 and the Uniform Business Report for that year was never forward to our new address.

Please find with this letter a Corporate Reinstatement, a current Uniform Business Report, and a check for \$300.00.

Thank You,

FAX PHONE 386 454 2129 Day TIME. 352 215 4855