

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP -2 AM 8:00

DOCUMENT # PD1000082344

1. Corporation Name

OWNER Builder Alliances, Inc

200022929182
09/10/03--01044--015 **\$900.00

REINSTATEMENT

02-03

2. Principal Office Address

513 US #1

3. Mailing Office Address

513 US #1

Suite, Apt. #, etc.

#206

Suite, Apt. #, etc.

#206

City & State

North Palm Bch, FL

City & State

North Palm Bch, FL

Zip

33408

Country

USA

Zip

33408

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650665266

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

Ed Roby

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

513 US #1

Suite, Apt. #, Etc.

#206

City

North Palm Bch

State

FL

Zip Code

33408

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

CP Mey

Date 8-29-03

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|--------------------------|
| Pres | Ed Roby | 513 US #1 #206 | North Palm Bch, FL 33408 |
| | | | |
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| | | | |

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 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:

CP Mey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-03

Date

561 845-7883

Daytime Phone #

CR2E081 (10/02)