


APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT #

P01000095591

1. Corporation Name

BIG DOG CONSTRUCTION OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

311 WEFF ROAD  
ST. AUGUSTINE FL 32080

311 WEFF ROAD  
ST. AUGUSTINE FL 32080

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

649 VAILL POINT ROAD  
Suite, Apt. #, etc.

649 VAILL POINT ROAD  
Suite, Apt. #, etc.

City & State

City & State

SAINT AUGUSTINE FL

SAINT AUGUSTINE, FL

Zip

Country

32086

USA

32086

USA

4. Date Incorporated or Qualified To Do Business in Florida

09/25/2001

5. FEI Number

59-3751103

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BUEHRER, CRAIG ALAN	<del>311 WEFF ROAD</del> 649 VAILL PT. RD.	ST. AUGUSTINE FL <del>32080</del> 32086
V	MASTERS, LAWRENCE O	<del>311 WEFF ROAD</del> 649 VAILL PT. RD.	ST. AUGUSTINE FL <del>32080</del> 32086
STD	COLE, SCOTT	311 WEFF ROAD	ST. AUGUSTINE FL 32080

8. Name and Address of Current Registered Agent


9. Name and Address of New Registered Agent

~~GALLETTA, JOHN JR.~~  
~~4100 A1A SOUTH~~  
~~ST. AUGUSTINE FL 32080~~

Name  
CAMELIA BUEHRER  
Street Address (P.O. Box Number is Not Acceptable)  
649 VAILL POINT ROAD  
Suite, Apt. #, Etc.  
City  
SAINT AUGUSTINE  
State  
FL  
Zip Code  
32086


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  
Date

  
REGISTERED AGENT MUST SIGN

12-3-02

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


12-3-02 904-669-8916

Date Daytime Phone #

FILED

02 DEC -9 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 02