

T. Roberts MAY 05 2005

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 26 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
P01000097140

Dixon Builders, Inc.

2. Principal Office Address
9920 Hindel Court

Suite, Apt. #, etc.

City & State
Boynton Beach, FL

Zip
33437

Country
U.S.A.

3. Mailing Office Address
9920 Hindel Court

Suite, Apt. #, etc.

City & State
Boynton Beach, FL

Zip
33437

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida October 5, 2001

5. FEI Number
65-1143710

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
James Dixon

Street Address (P.O. Box Number is Not Acceptable)
9920 Hindel Court

Suite, Apt. #, Etc.

City
Boynton Beach, FL

State
FL

Zip Code
33437

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

4/22/05

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
P/T/S	James Dixon	9920 Hindel Court	Boynton Beach, FL 33437

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/05 954.444.5808

CR2E081 (01/05)