

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

06 MAR -7 PM 12:11

STATE OF FLORIDA  
TALLAHASSEE

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State

DIVISION OF CORPORATIONS

W36 0000 05 792

DOCUMENT # **PD1000099876**

1. Corporation Name

**Builders Concept Design, Inc.**

2. Principal Office Address

**101 Sandhill Crane Run**

Suite, Apt. #, etc.

City & State

**Orlando FL**

Zip

**32828**

Country

**USA**

3. Mailing Office Address

**101 Sandhill Crane Run**

Suite, Apt. #, etc.

City & State

**Orlando FL**

Zip

**32828**

Country

**USA**

**REINSTATEMENT** 02-06

CR2E081 (8/05)

T Roberts MAR 07 2005

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/12/2001**

5. FEI Number

**93-2714936**

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

**Martiniano Aldama**

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

**101 Sandhill Crane Run**

Suite, Apt. #, Etc.

City

**Orlando**

State

**FL**

Zip Code

**32828**

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

Date

**12-13-05**

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
<b>P</b>	<b>Martiniano Aldama</b>	<b>101 Sandhill Crane Run</b>	<b>Orlando FL 32828</b>

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

**12-13-05**

Daytime Phone #

**321 436 2630**