

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P01000099951

1. Corporation Name

KIRKLAND BUILDING CO.

Principal Place of Business

Mailing Address

~~4221 NW 43 STREET~~  
GAINESVILLE FL-32605

~~4221 NW 43 STREET~~  
GAINESVILLE FL-32605

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

County

Zip

County

32607 Alachua

32607 Alachua

4. Date Incorporated or Qualified  
To Do Business in Florida

10/12/2001

5. FEI Number

04-3595787

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/P	KIRKLAND, TODD	<del>4221 NW 43 STREET</del> 240 NW 44th ST	GAINESVILLE FL-32605 Gainesville, FL 32607
D/V	THOMAS, Donald	14818 SW 79th ST	Archer, FL. 32018-4400
D/S	Kirkland, Stephanie	240 NW 44th ST	Gainesville, FL. 32607

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUTTS, ROBERT P  
5203 SW 91 TERRACE  
GAINESVILLE FL 32608

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Robert P. Butts*

Date 10-22-03

REGISTERED AGENT MUST SIGN

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:

*Todd Kirkland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-03

Date

Daytime Phone #

CR2E040 (7/03)