

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 10 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000106052

1. Corporation Name

FLORIDA ONE BUILDERS, CORP.

Principal Place of Business

197 SOUTH ROSCOE BLVD.
PONTE VEDRA BEACH FL 32082

Mailing Address

197 SOUTH ROSCOE BLVD.
PONTE VEDRA BEACH FL 32082



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/2001

5. FEI Number

59-3757783

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
PSTD	SARDINAS, JORGE	230 COLIMA COURT, #918 197 S. Roscoe Blvd.	PONTE VEDRA BEACH FL 32082

300023705199
10/10/03--01028--004 **150.00

8. Name and Address of Current Registered Agent

SARDINAS, CARMEN
~~230 COLIMA COURT, #918~~ 197 S. Roscoe Blvd.
PONTE VEDRA BEACH FL 32082

9. Name and Address of New Registered Agent

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

Carmen Sardinas
REGISTERED AGENT MUST SIGN

Date

10/8/03

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

Jorge Sardinas

Date

10-8-03 305582-888

Daytime Phone #

CR2E040 (7/03)

FLORIDA ONE BUILDERS, CORP.
197 South Roscoe Blvd.
Ponte Vedra Beach, Florida 32082

To: —Florida Department of State

From: Carmen Sardinas, Registered Agent

Date: October 8, 2003

I am in receipt of the Notice of Administrative Dissolution for Florida One Builders, Corp. Please be advised that I never received the Annual Report Notice for 2003 at the 197 South Roscoe Blvd. address. The address of the registered agent recently changed but the mail was supposed to be forwarded to the Roscoe address.

I am enclosing the profit annual report fee and the supplemental fee of \$150.00. Please waive the reinstatement fee and reinstate the corporation to active status.

Thank you,


Carmen Sardinas

Registered Agent