

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 NOV 24 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000005133

1. Corporation Name

BUILDERS' SPECIALTIES OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

~~401 BLUE JAY WAY~~  
~~ORLANDO FL 32828~~

~~401 BLUE JAY WAY~~  
~~ORLANDO FL 32828~~

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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/10/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3000 HATTERAS POINT

3000 HATTERAS POINT

City & State

City & State

OVIDO, FLORIDA

OVIDO, FLORIDA

Zip

Country

32765

USA

Zip

Country

32765

USA

5. FEI Number

26-0022810

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	HOLMQUIST, PAUL A	<del>401 BLUE JAY WAY</del>	<del>ORLANDO FL 32828</del>
		3000 HATTERAS POINT	OVIDO, FLORIDA 32765

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOLMQUIST, PAUL A

~~401 BLUE JAY WAY~~

~~ORLANDO FL 32828~~

Name

HOLMQUIST, PAUL A.

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

3000 HATTERAS POINT

Suite, Apt. #, Etc.

OVIDO

City

State

FL

Zip Code

32765

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

*Paul A. Holmquist*  
REGISTERED AGENT MUST SIGN

Date 11-18-03

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

*Paul A. Holmquist*  
PAUL A. HOLMQUIST

Date

11-18-03 (321) 303-8213

Daytime Phone #

CR2E040 (7/03)

# **BUILDERS SPECIALTIES** OF CENTRAL FLORIDA, INC.

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3000 HATTERAS POINT OVIEDO, FLORIDA 32765

(321) 303-8213 (407) 971-6294

November 18, 2003

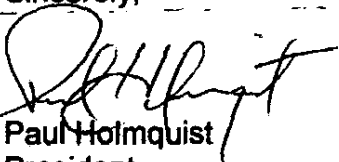
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

TO WHOM IT CONCERNS,

Please be advised that Builders' Specialties of Central Florida, Incorporated did not receive the two prior uniform business reports mentioned in your dissolution/reinstatement notice.

Accordingly, please find enclosed an application for reinstatement reflecting address changes and a check for \$150.00. Also, please include a Certificate of Status for an additional \$8.75.

Sincerely,



Paul Holmquist  
President