

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR -1 AM 8:00

DOCUMENT # P02000020776

1. Corporation Name

FRIEDMAN BUILDERS, INC.

Principal Place of Business

13721 CUMBERLAND PLACE  
FORT LAUDERDALE FL 33325

Mailing Address

13721 CUMBERLAND PLACE  
FORT LAUDERDALE FL 33325

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

REINSTATEMENT

03-04

MRO



02/28/03 90146 0811800

4. Date Incorporated or Qualified  
To Do Business in Florida

02/25/2002

5. FEI Number

01-0612425

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	FRIEDMAN, ADAM C	13721 CUMBERLAND PLACE	FORT LAUDERDALE FL 33325

900030802579

03/19/04--01039--003 \*\*900.00

REINSTATEMENT 03-04

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

ADAM FRIEDMAN

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

13721 Cumberland Pl.

Suite, Apt. #, Etc.

City

Davis

State

FL

Zip Code

33325

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

REGISTERED AGENT MUST SIGN

Date

12/1/03

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:

ADAM C. FRIEDMAN 12/1/03 (954) 682-0077

CFR2040 (7/03)