

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAR -9 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000030820

1. Corporation Name

S+A BUILDERS, INC.

2. Principal Office Address

3064 Moody Ave

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

Zip

32065

Country

USA

3. Mailing Office Address

3064 moody Ave

Suite, Apt. #, etc.

City & State

ORANGE PARK FL

Zip

32065

Country

USA

REINSTATEMENT

B-04

4. Date Incorporated or Qualified  
To Do Business in Florida

3-14-02

5. FEI Number

30-0062552

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

SID S. BARLING

200030066892

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

3064 Moody Ave.

03/09/04--01038--017 \*\*300 00

Suite, Apt. #, Etc.

City

ORANGE PARK

State

FL

Zip Code

32065

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

*Sid S. Barling*

Date

3/5/04

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
PRES	SID S. BARLING	3064 Moody Ave	ORANGE PARK, FL. 32065

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)(f), 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:

*Sid S. Barling*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04

Date

(904) 759-3846

Daytime Phone #

CR2E081 (01/04)

*AK*