

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

04 MAY 10 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000056856

1. Corporation Name

COMBUILT, INC.

Principal Place of Business

Mailing Address

2564 SUMMER TREE RD. E
JACKSONVILLE FL 32246

2564 SUMMER TREE RD. E
JACKSONVILLE FL 32246



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

Country

Zip

Country

REINSTATEMENT

Date Incorporated or Qualified
To Do Business in Florida

05/21/2002

5. FEI Number

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/H/S | ALEXANDER, STEVEN | 2564 SUMMER TREE RD. E | JACKSONVILLE FL 32246 |
| D V | WHITE, ROBERT | 7 FLORENCE AVE | LANDSDOWNE PA 19050 |
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| | | | |
| | | | |
| | | | |

100030251511
03/11/04--01004--008 **158.75

100030251511
04/13/04--01061--002 **141.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALEXANDER, STEVEN
2564 SUMMER TREE RD. E
JACKSONVILLE FL 32246

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

Steven Alexander

REGISTERED AGENT MUST SIGN

Date

3/6/2004

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:

STEVEN ALEXANDER *Steven Alexander*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/6/04

Daytime Phone #

904-334-7577

CR20040703

20f2

COMBUILT Inc.

2564 Summer Tree Rd. E
Jacksonville, FL 32246

Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This is to inform you that Combuilt, Inc did not receive the Uniform Business Report in the mail. Combuilt, Inc has been experiencing problems with both mail and email in the past. We have been able to retrieve all lost mail from the Post Office which included the Applications for Reinstatement.

Sincerely,



Steven Alexander
President

SA/enc
First sending 3-6-04
Second sending 5-7-04