

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 26 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P 02 0000 76894

1. Corporation Name

C. S. HODGES MASTER BUILDERS, INC.

2. Principal Office Address

6325 Presidential Ct.

3. Mailing Office Address

same

Suite, Apt. #, etc.

7

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Zip

33919

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/15/2002

5. FEI Number

14-1838094

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

David J. Mourick, Attorney at Law

Street Address (P.O. Box Number is Not Acceptable)
10998 Bonita Beach Rd.

Suite, Apt. #, Etc.
Suite 2

City

Bonita Springs

State

FL

Zip Code

34135-9040

500057870515

07/26/05--01003--005 **8.75

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

[Signature]
REGISTERED AGENT MUST SIGN

Date July 15, 2005

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
PST	Stanley Hodges	8740 Belle Meade Drive	Fort Myers, Florida 33908

500057870515
07/26/05--01003--006 **1050.00

[Signature]

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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/2005

Date

239-851-3312

Daytime Phone #

CR2E081 (01/05)