

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 10 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000096640

1. Corporation Name

Four Seasons Builders + Associates,
Inc.

2. Principal Office Address

4131 NW 7th Street

Suite, Apt. #, etc.

City & State

Coconut Creek, FL

Zip

33060

Country

USA

3. Mailing Office Address

2440 NW 115 Ave.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

USA

REINSTATEMENT 03-06
CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/06/02

5. FEI Number

22-3869244

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

Matthew Dorman

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

4131 NW 7th Street

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33060

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 3-9-06

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 |
|--------|--------------------------------------|---|-------------------------|
| DPS.T. | Matthew Dorman | 2440 NW 115 Ave. | Coral Springs, FL 33065 |
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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 contained in Chapter 119, 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

3-9-2006

Date

(305)

Daytime Phone #

3/14/06