

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 DEC 20 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000007849

1. Corporation Name

William G. Lippmann Contemporary Builders, Inc.

119-108th AVE #130

119-108th AVE #130

2. Principal Office Address

119-108th AVE #130

Suite, Apt. #, etc.

3. Mailing Office Address

119-108th AVE #130

Suite, Apt. #, etc.

City & State

Treasure Island, FL.

City & State

Treasure Island, FL.

Zip

33706

Country

US

Zip

33706

Country

US

REINSTATEMENT

03-24

4. Date Incorporated or Qualified
To Do Business in Florida 12/20/02

5. FEI Number

☒ 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

WILLIAM G. LIPPMANN

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

119-108th AVE #130

Suite, Apt. #, Etc.

City

Treasure Island

State

FL

Zip Code

33706

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

See below

Date

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
D	WILLIAM G. LIPPMANN	119-108th AVE #130	Treasure Island FL. 33706

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/14/04

Daytime Phone #

CR2E001 (01/04)