

Feb 25 2009 7:26AM

OFFICE

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 MAR -9 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000007849

1. Corporation Name

William G Lippmann Contemporary
Builders, Inc.

REINSTATEMENT 07-09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

11380 6th St E

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 9469

Suite, Apt. #, etc.

City & State

TREASUR ISLAND

City & State

TREASUR ISLAND

Zip 33706

Country

FL US.

Zip

33740

Country

FL. US.

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/2002

5. FEI Number

S62324642

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒§875 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

William G Lippmann

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

11380 6th St E.

Suite, Apt. #, Etc.

City

TREASUR 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

REGISTERED AGENT MUST SIGN

Date 3/3/09

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	William G Lippmann	11380 6th St E	TREASUR ISLAND FL. 33706

500145329285
03/09/09--01051--011 **458.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/09

Date

727-504-9229

Daytime Phone #