

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000120555

1. Corporation Name

BVW Building Company

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

2025 NE RIVER CT.

Suite, Apt. #, etc.

N/A

City & State

JENSEN BEACH, FL

Zip

34957

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

34957

Country

7. Name and Address of Current Registered Agent

Name

BARRY VAN WALKER

Street Address (Do not include inapt. Apartment)

2025 NE RIVER CT.

Suite, Apt. #, etc.

N/A

City

JENSEN BEACH

State

FL

34957

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 9-16-09

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.	BARRY VAN WALKER	2025 NE RIVER CT.	JENSEN BEACH, FL 34957

REINSTATEMENT

06-09

29/23

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

9-16-09

Date

772-215-4002

Daytime Phone #

FILED

09 SEP 22 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300160913473

09/22/09--01002--008 \*\*600.00

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

Oct. 27, 2003

5. FEES

20-0354900

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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.