

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
06 OCT 16 AM 8:22

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000143449

1. Corporation Name

C. BUFFARD BUILDER, INC

2. Principal Office Address

100 CARLI CT

Suite, Apt. #, etc.

3. Mailing Office Address

100 CARLI CT

Suite, Apt. #, etc.

City & State

LAKE MARY Florida

Zip

32746

Country

City & State

LAKE MARY Florida

Zip

32746

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/02/03

5. FEI Number

20-0452827

Applying 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

CHARLES BUFFARD

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

100 CARLI CT

Suite, Apt. #, Etc.

City

LAKE MARY

State  
FL

Zip Code

32746

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 10/05/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| P      | CHARLES BUFFARD                      | 100 CARLI CT                                      | LAKE MARY, FL 32749 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

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

10/05/06

Date

Daytime Phone #

**C. BUFFARD BUILDER, INC.  
100 CARLI CT.  
LAKE MARY, FL 32746  
P03000143449**

OCTOBER 03, 2006

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
PO BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE WAIVE THE PENALTY AND ACCEPT MY CHECK FOR 450 DOLLARS COVERING 2004,  
2005 AND 2006 AND REINSTATE MY CORPORATION BECAUSE I NEVER RECEIVED THE ANY  
REPORTS FOR THOSE YEARS

THANK YOU FOR YOU ATTENTION,

A handwritten signature in black ink, appearing to read 'Charles Buffard', written over a horizontal line.

CHARLES BUFFARD - PRESIDENT