

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000154708**

1. Entity Name  
**CAIN BUILDERS, INC.**



**FILED**

**06 APR 10 PM 1:06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business  
**P.O. BOX 143  
GREENVILLE, FL 32331**

Mailing Address  
**P.O. BOX 143  
GREENVILLE, FL 32331**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

04102006 REIN-P CR2E098 (11/05)

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PRESSLEY, TORI  
3238 ADDISON LANE  
TALLAHASSEE, FL 32317**

7. Name and Address of New Registered Agent  
Name **Tobe E. Cain, Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**112 Adffee Street**  
City **Greenville** FL Zip Code **32331**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CAIN, TOBE E JR P.O. BOX 143 GREENVILLE, FL 32331</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CAIN, TOBE E III P.O. BOX 143 GREENVILLE, FL 32331</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**REINSTATEMENT 05-06**

**200073711702  
05/02/06--01003--015 \*\*308.75**

**TS 4/10/06**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Tobe E. Cain Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #