

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 FEB 18 PM 1:03

DOCUMENT # P04000012024

1. Corporation Name

Ross Construction Builders, Inc.

900167769099
02/02/10--01012--029 **100.00

900167769099
02/02/10--01012--030 **500.00

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

5620 47th St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 690575

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32967

Country

Indian River

Zip

32969

Country

Indian River

4. Date Incorporated or Qualified

To Do Business in Florida 05/2004

5. FEI Number

38-3695123

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

Lugene L. Ross

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

5620 47th St

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32967

☒ 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.

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

Lugene L. Ross

REGISTERED AGENT MUST SIGN

Date 12/12/09

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
VP	Marvin Ross	5620 47th ST	Vero Beach/FL/32967
CEO	Lugene L. Ross	5620 47th ST	Vero Beach/FL/32967

REINSTATEMENT

07-10

10. E-mail Address: lamonteross07@comcast.net

(To be used for future annual report notification)

11. 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. I further certify, 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:

Lugene L. Ross

Lugene L. Ross

12/12/09

7729787352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #