


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000127804	
1. Entity Name FLORIDA BUILDING INDUSTRIES INCORPORATION	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 21 AM 9:36

Principal Place of Business <del>144 WEST 1ST AVE</del> <b>MSB</b> <del>JACKSONVILLE FL 32206</del> <b>MSB</b> <b>8449 THOR. ST. JACKSONVILLE FL 32216</b>	Mailing Address <del>PO BOX 5584</del> <b>MSB</b> <del>JACKSONVILLE FL 32247</del> <b>MSB</b>
---	---

REINSTATEMENT 05



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

12082005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent	
BALK, MICHAEL S. <b>K-X IN CORRECT ADDRESS</b> <del>144 WEST 1ST AVE</del> <b>MSB</b> <del>JACKSONVILLE FL 32206</del> <b>MSB</b> <b>8449 THOR. ST. JACKSONVILLE FL 32216</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	BALK, MICHAEL S
STREET ADDRESS	<del>144 WEST 1ST AVE</del> <b>MSB</b>
CITY - ST - ZIP	<del>JACKSONVILLE FL 32206</del> <b>MSB</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>8449 THOR. ST.</b>
STREET ADDRESS	<b>JACKSONVILLE FL 32216</b>
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>600062327266</b>
CITY - ST - ZIP	<b>12/21/05-01034-005 **150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael S. Balk 12-18-05 NONE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #