

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 22 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000141844

1. Corporation Name

PALMETTO BUILDERS AND ASSOCIATES, INC.

2. Principal Office Address

104 AUGUSTA AVENUE

3. Mailing Office Address

P.O. BOX 237

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SATSUMA, FL

City & State

SATSUMA, FL

Zip

32189

Country

USA

Zip

32189

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/2004

5. FFI Number

20-1740908

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

RANDALL RITCHIE

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

104 AUGUSTA AVENUE

Suite, Apt. #, Etc.

City

SATSUMA

State

FL

Zip Code

32189

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

01/10/2007

Date

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	RANDALL RITCHIE	P.O. BOX 237	SATSUMA, FL 32189

800096321028
04/10/07--01025--015 ***450.00

B 3/28/07

REINSTATEMENT

05-07

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:

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/2007

Date

386-649-6886

Daytime Phone #

paper

Trim Bookkeeping & Tax Service, Inc.
6683 Crill Avenue
Palatka, Florida 32177
386-328-4164 Phone
386-325-0804 Fax

January 10, 2007

Dept. of State
Div. of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Palmetto Builders and Associates, Inc.
P.O. Box 237
Satsuma, Florida 32189
P04000141844

To Whom It May Concern:

This letter is to request reinstatement of my client's corporation. He was out of town with his wife while she had surgery during the time for the corporation renewal in 2005. It wasn't until his wife came in today to do her paperwork that I realized the corporation was dissolved. He is enclosing the annual fee for 2005, 06, and 2007. Please take this matter into consideration.

Thank you,

Lisa Wiggins
Lisa Wiggins
Accountant

cc: file