

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Dec 23, 2008 8:00 A.M.**  
**Secretary of State**

DOCUMENT # P05000012543

1. Corporation Name

**OLD WORLD BUILDING & REMODELING, INC.**

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

90 KARAS TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

90 KARAS TRAIL

Suite, Apt. #, etc.

City & State

PALM COAST, FLORIDA

City & State

PALM COAST, FLORIDA

Zip

32164

Country

US

Zip

32164

Country

US

7. Name and Address of Current Registered Agent

Name

A1A REGISTERED AGENT, INC.

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

5647 110TH AVENUE NORTH

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH

State

FL

Zip Code

33411

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/2005

5. FEI Number

56-2501997

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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

*Martin Klein*

REGISTERED AGENT MUST SIGN

Date

12/22/08

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
DP	MARTIN KLEIN	90 KARAS TRAIL	PALM COAST, FL 32164

300139235673  
12/23/08--01018--020 \*\*300.00

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:

*Martin Klein*

Martin Klein 12/17/2008

N/A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #