• • •	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FO	 RM	
4	PLICATION FOR	FLORID	A DEPARTME Sandra B. Moi Secretary of S	NT OF STATE tham	1			
REIN	STATEMENT ***	IVISION OF CORPO		FILED				
DOCUMENT # P05179  1. Corporation Name					99 FEB -8 PM 4: 07			
BUILDERS SQUARE, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
			ddress APOINT OR ONIO TX-78229					
	ddresses are incorrect in any way, line thr		correction below.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	is Baia: aisili 1121s lästa siil A	ENT ab-am all a page		
New Principal Office Address, If Applicable 3. N			New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida		
Sulte, Apt. #, etc. Su			Suite, Apt. #, etc.				03/04/1985 Applied For	
City & State						74-2259917	Not Applicable	
Zip 4808	Country	Zip 4802	Countr	y (SA	6. CERTIFICATE	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
	and Street Addresses of Each Officer and				st 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip			
AT	FELICELLA, FRANK G JAMES C. Mispe	3700 W. / Sig / Seaver RV			SAN ANTONIO TX	I 48034		
VP	CTANLEY R. WALGH LORRENCE T. 10	9726 DATAPOINT DR 3100 Cu. Sig Senve Rel			SAN ANTONIO TX	48084		
8	S LADUKE, NANCIE W			3100 W. BIG BEAVER ROAD				
VP+ MARTIN R-BOCOLA Thems Michael J. Violes			3725 DATAPOINT DA			SAN ANTONIO TX	17 48084	
# AT				100 W. BIG BEAVER RD.			48084	
<b>5</b> p				100 W. BIG BEAVER RD.			48084	
Name and Address of Current Registered Agent     Name					9. Name and A	Address of New Regist		
CT COPPORATION SYSTEM					Street Address (P.O. Box Number is Not Acceptable)			
1200 S	S. PINE ISLAND ROAD				O. Box Number is Not Acceptable)			
PLANT.	ATION FL 33324	Suite, Apt. #, Etc.		-02/16/9901051004				
				City		*****	FL	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent Age								
44 951	1.1111			9557 VP		,		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)								
12. 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 filling 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 under section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date								
SIGNATURE: 1 248/643-5263 SIGNATURE: Daybuse AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Daybuse Phone #								