

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000072799

1. Corporation Name

Cedar Builders, Inc.

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

2604-1 Powers Ave

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32207

Country

USA

3. Mailing Office Address

2604-1 Powers Ave

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32207

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 24, 2006

5. FEI Number

20-4926977

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$38.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Walt Mischley

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

2604-1 Powers Ave

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

☐ 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

Walt Mischley
REGISTERED AGENT MUST SIGN

Date **12-7-2009**

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
D, P, S, T	Walt Mischley	2604-1 Powers Ave	Jacksonville, FL 32207
D, V	Cyrus C. Marshall, Jr.	2604-1 Powers Ave	Jacksonville, FL 32207

10. E-mail Address: **walt.mischley@ctsed.com**

(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:

Walt Mischley

Walt Mischley

12-7-2009

904-731-1006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
09 DEC -8 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900163425049
12/08/09--01019--006 **1058.75

REINSTATEMENT 07-09