

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000140868

1. Entity Name
NORTH FLORIDA BUILDERS, INC.



FILED

10 NOV -4 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

48 NIKKI CIRCLE
SANTA ROSA BEACH, FL 32459

Mailing Address

48 NIKKI CIRCLE
SANTA ROSA BEACH, FL 32459



11042010 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-5854482

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAD CONGLETON CPA, INC.
50 UPTOWN GRAYTON CIRCLE
15
SANTA ROSA BEACH, FL 32459

7. Name and Address of New Registered Agent

Name James Pearson
Street Address (P.O. Box Number is Not Acceptable)
48 NIKKI Circle
City Santa Rosa Beach FL 32459

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

Signature of registered agent and the filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

(DATE)

FILE NOW!!! FEE IS \$750.00
After January 1, 2011, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEARSON, JAMES 48 NIKKI CIRCLE SANTA ROSA BEACH, FL 32459	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	100187432771 11/04/10--01002--017 **750.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2010	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 individuals empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Email: NEBERT@ISPORTAUS.COM EMAIL.COM

11/4/10