P95000008547

100001392111 -01/30/95--01004--002

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Bone / Building Corp Inc.
(Proposed corporate name - must include suffix) ****131.25 ****131.25 Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$122.50 ⊠\$131.25 Filing Fee & Certified Copy Filing Fee Filing Fee, Certified Copy & Certificate Richard A. Noble

Name (printed or typed) FROM: 11622 Country Run Rd.
Address Tam pa Fln. 33624

City, State & Zip 813 - 962 · 4019 Daytime Telephone number 19500008547

 $\mathcal{Y}/\mathcal{A}/\mathcal{A}$ 0 | NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

Bonel Building Corp. Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11622 Country Run Rd. TAMPA, FlA. 33624

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

50 Shares Common Stock @ 10.00 pershare

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Robert Lyons 8635 Leighton Dr. Tompa, Fla. 33614

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

Richard A. Noble 11622 Country Run Qd. TAMPA, Fln. 33624

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF 95 FILED REGISTERED AGENT/REGISTERED OFFICE ON 6.

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: Bone | Building Corp Inc.
- 2. The name and address of the registered agent and office is:

Robert X. Lyons
(Name)

8635 Leighten Q;
(P.Q. Box not acceptable)

Tringa, Fln. 33614
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

Robert Y Lyons

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **APPLICATION** FLORIDA DEPARTMENT OF STATE Sandra B. Mortham FOR Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** FILED **DOCUMENT #** P95000008547 96 NOV 25 AM 10: 53 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA BONEL BUILDING CORP. INC. Principa! Place of Business Mailing Address HESS COUNTRY DUN FID. 14492 COUNTRY RUBLIND. TAMPA FL 33624 TAMPA FL 33624 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, II Applicable 4577 GUNN HWY. 3. New Mailing Cyflice Address, if Applicable
4577 GUNN HW Date Incorporated or Qualified
 To Do Business in Florida 01/27/1995 Sulle, Apt. #, etc. 件 202 STE # 202 5. FEI Number City & State Applied For City & State 59-3301087 Not Applicable Country Country SR 15 Administration Line range CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Pres Kichard A. Noble 11622 COUNTRY RUN 120 TAMPA 33624 mapa Fi. 33624 11655 COUNTRY MUN KY Sec. A. Noble Joden TAMPA, Fr. 33624 3362 TAMPA 900002016589--1 12/02/36--01007--014 100 ****375.00 8. Name and Address of Current Registered Agent 9. Name and ess of New Registered Agent LYONS, ROBERT Street Address (P.O. Box Number is Not Acceptable) 8635 LEIGHT/IN DR. TAMPA FL 33614 Suite, Apt. #, Etc. City Zip Code State 10. It being appointed the registered agent of the above named corporation, am familiar with and accept the obligation is of Section 607.0505, F.S. Signature of Registered Agent SENT MUST SIGN REGISTERED A 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (See other side for information Yes 🔀 No [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 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 under section 119.07(3)(f), F.S. The information indicated

on this applicution is true and accurate, and my signature shall have the same legal effect as if made under oath.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: