

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000084926**

1. Corporation Name

**ASSET BUILDERS, INC.**

Principal Place of Business

60 WEST AVE  
ST AUGUSTINE FL 32084

Mailing Address

60 WEST AVE  
ST AUGUSTINE FL 32084

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. ---

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. ---

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/06/1995

5. FEI Number

59-3341709

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPVS	SCHARF, ROGER W	60 WEST AVE	ST AUGUSTINE FL 32084

900024250739  
10/29/03--01041--008 \*\*150.00

8. Name and Address of Current Registered Agent

SCHARF, ROGER W  
60 WEST AVE  
ST AUGUSTINE FL 32084

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Roger W. Scharf*

REGISTERED AGENT MUST SIGN

Date

10/27/03

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 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:

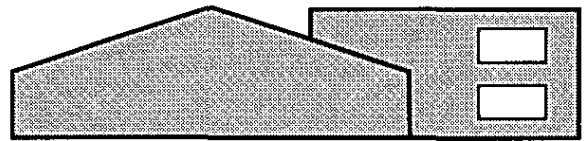
*Roger W. Scharf*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27/03 904-808-1961

CR2E040 (7/03)



**ASSET Builders, Inc.**  
engineering • construction

Monday, October 27, 2003

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

Re: Active status per # P95000084926

To whom it may concern:

This notice of form UBR was not received by mail to my office mailing address until the date of October 27, 2003. At this time I am remitting the required fee to file without penalty, my Check # 5537 in the amount of \$ 150.00.

Due to mailing mishap please accept this completed and signed application for reinstatement, for account # P95000084926.

If further assistance is required please contact me.

Respectfully;

Roger W. Scharf/ President  
Asset Builders, Inc.