PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS P96000007643 DOCUMENT # 98 FEB -5 AM 9: 42 1. Corporation Name Builders INC SECRETARY OF STATE TALLAHASSEE, FLORIDA FILEFI 960000 76 4 3
Principal Place of Business 11151 SW FOX BROWED REINSTATEMENT INDIANTOWN, FL. 34956 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable
/// 5 / S W Fox 13 Rown HJ
Suite, Apt. #, etc. 2. New Principal Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida Suite, Apt. #, etc. 5. FEI Number Applied For City & State \$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) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip 11151 S.W. FOXBROWD RD INDIANTOWN, FL3498-9712 Richard S. Brown 34455.E. HART CIR. PORT ST LUCIE, \$ 349800 V. Pros Albert M. CORSO 800002426408--9 -02/10/98--01032--007 \*\*\*\*900.00 \*\*\*\*900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent RICHARD SBRUWN Rd Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. INDIAN TOWN, FL. 34956 State Zip Code of the above named conforation, am familiar with and accept the obligations of Section 607.0505, F.S. REGISTERED AGENT MUST SI 11. This corporation owes or has paid the current year (See other side for info Yes 🔄 Intangible Personal Property tax due June 30. 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 t 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. 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 info on this application is true and accurate, and my signature shall have the same legal effect as if made under oath (561)871-7777 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: