

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000030268

1. Corporation Name

NEWPORT BUILDERS, INC.

Principal Place of Business

211 E PROSPECT RD
~~SUITE 202H~~
OAKLAND PARK FL 33334
US

Mailing Address

211 E PROSPECT RD
OAKLAND PARK FL 33334
US

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

04/08/1996

5. FEI Number

65-0656265

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	4
PTD	FRAHM, ERIC L	520 CYPRESS CIRCLE	200004659862-7 -10/30/01 ****758.75 ****758.75 TEQUESTA FL 33469
VSD	FRAHM, MICHAEL J	1340 NW 46TH ST 211 E PROSPECT ROAD	FT LAUDERDALE FL 33309 OAKLAND PARK FL 33334
VSD	STOWELL, JOSEPH	369 E DAYTON CIRCLE	FT LAUDERDALE FL 33312
VFD	SARA FRAHM	211 E PROSPECT ROAD	OAKLAND PARK FL

8. Name and Address of Current Registered Agent

FRAHM, MICHAEL J
1340 NW 46ST
FORT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

FRAHM, MICHAEL J

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

211 E PROSPECT RD.

Suite, Apt. #, Etc.

OAKLAND

City

OAKLAND PARK

State

FL

Zip Code

33334

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10.11.01

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL J. FRAHM

10.11.01
Date

954.491.2263
Daytime Phone #

CR2E040 (8/01)