

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 21 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000061657

1. Corporation Name

CORINTHIAN BUILDERS, INC.

2. Principal Office Address

308 E 4TH S

Suite, Apt. #, etc.

City & State

SANFORD, FL

Zip

32771

Country

USA

3. Mailing Office Address

P.O. BOX 950850

Suite, Apt. #, etc.

City & State

LAKE MARY, FL

Zip

32795-0850

Country

USA

400037433134

05/28/04--01053--002 **300.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

59-3397463

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICHARD A. KOVALSIK

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

2057 COURTYARD LOOP

Suite, Apt. #, Etc.

201

City

SANFORD

State

FL

Zip Code

32771

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 5/19/04

REGISTERED AGENT MUST SIGN

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PRES. | RICHARD A. KOVALSIK | 2057 COURTYARD LOOP # 201 | SANFORD, FL 32771 |
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10. 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]

RICHARD A. KOVALSIK

5/19/04 321 377-0480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

Corinthian Builders, Inc. P.O Box 950850, Lake Mary, FL 32795-0850 (321) 377-0480, Fax (407) 322-8641

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


May 19, 2004

To whom it may concern:

Included you will find a request for reinstatement of the above named corporation. I have included a check in the amount of \$300.00 based on a conversation with your office. I am requesting that the late fees be removed and the corporation reinstated as I have not received any forms throughout the entire year. I have had the same P.O. box for a number of years as my mailing address.

I appreciate your help regarding this matter.

Sincerely,



Richard Kovacsik, President