

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR 25 PM 12:30

**DOCUMENT #**

**1. Corporation Name**

Norman Builders, Inc.  
Document Number: P96000078729

**2. Principal Office Address**

125 Monson Drive

Suite, Apt. #, etc.

City & State

Edgewater, FL

Zip

Country

**3. Mailing Office Address**

125 Monson Drive

Suite, Apt. #, etc.

City & State

Edgewater, FL

Zip

32132

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/20/96

**5. FEI Number**

593402245

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03-05

**7. Name and Address of Current Registered Agent**

Name

Bailey & Trumbo, P.A.

Street Address (P.O. Box Number is acceptable)

340 N. Causeway

Suite, Apt. #, Etc.

City

New Smyrna Beach

State

FL

Zip Code

32169

200054218112

05/10/05--01068--027 \*\*1090.00

**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]*

REGISTERED AGENT MUST SIGN

Date

4/21/05

**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
P	Frank Norman	125 Monson Drive	Edgewater, FL 32132
VP, S & T	Frank Norman	125 Monson Drive	Edgewater, FL 32132

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-22-05

Daytime Phone #

CR2E081 (01/05)