

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

08 DEC -5 AM 10:47

DOCUMENT # P96000098346

1. Corporation Name

FLORIDA BUILDING & INVESTMENTS, INC.

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #

608 S. TYNDALL PARKWAY

3. Mailing Office Address

608 S TYNDALL PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL.

City & State

PANAMA CITY, FL

Zip

32404

Country

BAY

Zip

32404

Country

BAY

4. Date Incorporated or Qualified

To Do Business in Florida 12/02/1996

5. FEI Number

793431384

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name
SHIELA BOND

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

608 S Tyndall Parkway

Suite, Apt. #, Etc.

City
PANAMA CITY

State
FL

Zip Code
32404

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

Date 11/20/08

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
D	RUPP, STEVEN N.	P.O. BOX 6437	PANAMA CITY, FL 32404
			500142487976 10/31/08--01004--002 **4085.00
REINSTATEMENT			
	FF \$300 cus 8.75	w/o/p	07-08

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-20-08

850-913-0534

Daytime Phone #