

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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|--|---|--|--|---|--|
| APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS | | 98-99 AR | | FILED 99 NOV 24 PM 5:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| DOCUMENT # P 970000 31474 | | | | | |
| 1. Corporation Name BLUEGRASS Builders of South Florida Inc. | | | | | |
| Principal Place of Business 3965 10th Ave SE Naples FL 34117 | | Mailing Address 3965 10th Ave SE Naples FL 34117 | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | |
| 2. New Principal Office Address, If Applicable 4785 18th Ave S.E. Suite, Apt. #, etc. | | 3. New Mailing Office Address, If Applicable 4785 18th Ave S.E. Suite, Apt. #, etc. | | 4. Date Incorporated or Qualified To Do Business in Florida 4-7-97 | |
| City & State Naples FL | | City & State Naples FL | | 5. FEI Number 59-3483733 | |
| Zip 34117-9131 | | Country FL | | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | |
| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip | | |
| | William G. Lhotajr | 4785 18th Ave S.E. | Naples, FL 34117-9131 | | |
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| 100003070351--5 -12/15/99--01009--002 ***308.75 ***308.75 | | | | | |
| | | | | | |
| 8. Name and Address of Current Registered Agent William G. Lhotajr 4785 18th Ave S.E. Naples FL 34117-9131 | | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code | | |
| 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 <i>[Signature]</i> REGISTERED AGENT MUST SIGN Date 11-22-99 | | | | | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.) | | | | | |
| 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 807 or 817, 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 817.0401, 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 941-262-8834 | | | | | |

CPR040 (1/96)

**WILLIAM LHOTA JR.
4785 18 TH AVE. SE.
NAPLES, FL 34117
941-262-8874**

NOVEMBER 22, 1999

**DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 E GAINS STREET
TALLAHASSEE, FL 32399**

DEAR SIR:

**PLEASE SEE ATTACHED REINSTATEMENT FORM FOR BLUEGRASS
BUILDERS OF SOUTH FLA. INC.**

**WE NEVER RECEIVED THE THE RENEWAL FORM. WE HAD MOVED
WHILE I WAS BUILDING MY NEW HOUSE AT THE CURRENT ADDRESS
AND NOT ALL OF MAIL WAS FORWARDED TO ME. PLEASE FIND
ENCLOSED OUR CHECK FOR \$300 TO RENEW THE CORPORATION PLUS
\$8.75 FOR THE CERTIFICATE.**

THANK YOU,

WILLIAM LHOTA, JR.

PRESIDENT