

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

**FILED**

02 APR -5 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000065686**

1. Corporation Name

**RIDDELL BUILDERS, INC.**

Principal Place of Business

Mailing Address

963 E. ALTAMONTE DRIVE  
ALTAMONTE SPRINGS FL 32701

963 E. ALTAMONTE DRIVE  
ALTAMONTE SPRINGS FL 32701



*01-02-UBR*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**6734 LAKEVILLE RD.**

3. New Mailing Office Address, If Applicable  
**6734 LAKEVILLE**

4. Date Incorporated or Qualified To Do Business in Florida  
**07/28/1997**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Orlando**

5. FEI Number  
**NOT APPLICABLE**

City & State  
**Orlando Florida**

City & State  
**Orlando Florida**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

Zip  
**32818**

Country  
**U.S.**

Zip  
**32818**

Country  
**U.S.**

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	4 City / State / Zip
PVP	RIDDELL, DUSTIN S	6734 LAKEVILLE RD	ORLANDO FL 32818
			100005419171--2 -05/02/02-01011-005 ****300.00 ****300.00
			<i>[Signature]</i>

8. Name and Address of Current Registered Agent

RIDDELL, DUSTIN S  
6734 LAKEVILLE ROAD  
ORLANDO FL 32818

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State **FL** 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 *Dustin Riddell*  
REGISTERED AGENT MUST SIGN

Date **4-2-02**

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: *Dustin Riddell* **Dustin Riddell** **4-2-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)