

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR -4 AM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9700071819

1. Corporation Name

Florida Builders & Consultants, Inc.

*HR*

**REINSTATEMENT** 00-03

900015313929

04/04/03--01041--013 \*\*1200.00

2. Principal Office Address

29320 SW 205 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

209 SW 4 Avenue

Suite, Apt. #, etc.

City & State

Homestead, FL

City & State

Homestead, FL

Zip

33030

Country

Zip

33030

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/19/1997

5. FEI Number

650788397

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

George Roumain

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

29320 SW 205 Avenue

Suite, Apt. #, Etc.

City

Homestead

State  
FL

Zip Code  
33030

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

*George Roumain*

REGISTERED AGENT MUST SIGN

Date 3-27-03

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.	George Roumain	29320 SW 205 Avenue	Homestead, FL 33030
V.P.	Darcie Cordero	29320 SW 205 Avenue	Homestead, FL 33030

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:

*George Roumain*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-03

Date

(305) 218-8628

Daytime Phone #

CR2E081 (10/02)