

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 13 PM 12:03

DOCUMENT # P97000084665

1. Corporation Name

STONEHENGE BUILDERS INCORPORATED

Principal Place of Business

Mailing Address

95 BAYOU RD.
SANTA ROSA BEACH FL 32459

95 BAYOU RD.
SANTA ROSA BEACH FL 32459



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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

02-0475082

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVTS	BUSHEE, CHRISTOPHER E	95 BAYOU RD.	SANTA ROSA BEACH FL 32459
DCM	BUSHEE, CHRISTOPHER E	95 BAYOU RD.	SANTA ROSA BEACH FL 32459
RA	BUSHEE, CHRISTOPHER E	95 BAYOU RD.	SANTA ROSA BEACH FL 32459

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUSHEE, CHRISTOPHER E
95 BAYOU RD.
SANTA ROSA BEACH FL 32459

Name

Robert E. McGill, III

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

36008 EMERALD COAST PKWY

Suite, Apt. #, Etc.

Suite 301

City

Destin

State

FL

Zip Code

32541

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

[Signature of Robert E. McGill, III]
REGISTERED AGENT MUST SIGN

Date

11/6/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/2/01

Daytime Phone #

CR20040 (8/01)