

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 20 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000026332

1. Corporation Name

SOLID ROCK BUILDERS, INC.

800024889578
11/20/03--01063--011 **758.75

REINSTATEMENT 03

2. Principal Office Address

3333 RENAISSANCE
BLVD.
#210

City & State

BONITA SPRINGS, FL

Zip

34134

Country

USA

3. Mailing Office Address

SAME AS

Suite, Apt. #, etc.

PRINCIPAL

City & State

OFFICE ADDRESS

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/20/98-

5. FEI Number

59-3506669

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES H. MCLAY

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

5945 PAINTED LEAF LANE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34116

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

REGISTERED AGENT MUST SIGN

Date

11/18/03

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
P	JAMES H. MCLAY	5945 PAINTED LEAF LN	NAPLES, FL 34116
S	ALLISON J. MCLAY	5945 PAINTED LEAF LANE	NAPLES, FL 34116

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/03

Daytime Phone #

239-992-0572

CR2E081 (10/02)