

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000030773

1. Corporation Name

SUNBELT BUILDING COMPONENTS, INC.

FILED

01 NOV -8 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

~~6800 1 ARGYLE FOREST BLVD.~~

~~6800 1 ARGYLE FOREST BLVD.~~

~~JACKSONVILLE FL 32244~~

~~JACKSONVILLE FL 32244~~

5211 TIMUQUANA RD STE 9

(SAME)

JACKSONVILLE, FL 32210

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

2. New Principal Office Address, If Applicable

5211 TIMUQUANA RD.

Suite, Apt. #, etc.

SUITE 9

City & State

JACKSONVILLE, FL

Zip

32210

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SAME

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1998

5. FEI Number

59-3506621

Applied For

Not Applicable

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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---------------|--------------------------------------|---|----------------------------------|
| 1 | 2 | 3 | 4 |
| PO | YOUSE, DAVID H JR | 2770 LOBETTO RD | JACKSONVILLE FL 32223 |
| P STD | ANDREWS, JOSEPH E | 7198 CYPRESS COVE RD | JACKSONVILLE FL 32244 |
| | | | 800004718378--7 |
| | | | -12/11/01--01043--003 |
| | | | ***750.00 ***750.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

~~TAYLOR, JULIE ANN~~

~~1979 BURKHOLDER CIRCLE WEST~~

~~JACKSONVILLE FL 32216~~

9. Name and Address of New Registered Agent

Name

Robert J Cabral

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

778 Westminster Dr

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32073

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

Robert J Cabral

REGISTERED AGENT MUST SIGN

Date 10-18-01

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:

J. E. Andrews PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 Oct 01

Date

904-777-8517

Daytime Phone #