

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 OCT 15 PM 6:36

DOCUMENT # P98000090934

1. Corporation Name

BUILDERS FIRSTSOURCE OF JACKSONVILLE DESIGN CENTER, INC.

Principal Place of Business

6550 ROOSEVELT BLVD
JACKSONVILLE FL 32244

Mailing Address

6550 ROOSEVELT BLVD
JACKSONVILLE FL 32244



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3534078

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HOLMES, LOCKWOOD P	6550 ROOSEVELT BLVD	JACKSONVILLE FL 32244
CD	ROACH, JOHN D	2200 ROSS AVE, STE 4900W	DALLAS TX 75201
D	LEVY, PAUL S	450 LEXINGTON AVE, STE 3350	NEW YORK NY 10017
D	YING, DAVID	450 LEXINGTON AVE, STE 3350	NEW YORK NY 10017
D	MILGRIM, BRETT	450 LEXINGTON AVE, STE 3350	NEW YORK NY 10017
VTAS	O'MEARA, KEVIN P	2200 ROSS AVE, STE 4900 W	DALLAS TX 75201

8. Name and Address of Current Registered Agent

HOLMES, LOCKWOOD P
1200 SOUTH PINE ISLAND RD
JACKSONVILLE FL 32244

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

800004655458--2

City

-10/26/01--01071--025

****750.00 FL ****750.00

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]
LOCKWOOD P HOLMES

Date

10-11-01

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

Daytime Phone #

10/11/01

904-772-6100

CR2E040 (8/01)