

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 MAY 22 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000105540

1. Corporation Name

PRARIE BUILDING SOLUTIONS, INC.

Principal Place of Business

Mailing Address

~~4204 RENELLIE DRIVE SOUTH~~  
TAMPA FL 33611

~~4204 RENELLIE DRIVE SOUTH~~  
TAMPA FL 33611



99-00

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

2. New Principal Office Address, If Applicable

5001 S. MACDILL AVE.

3. New Mailing Office Address, If Applicable

5001 So. MACDILL AVE

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/1998

Suite, Apt. #, etc.

# 300

Suite, Apt. #, etc.

# 300

5. FEI Number

59-3550058

Applied For

Not Applicable

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33611

Country

USA

Zip

33611

Country

USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DSTP	WEESE, CALVIN	4204 RENELLIE DRIVE SOUTH	TAMPA FL 33611
			100003297021--1 -06/20/00--01042--025 ****300.00--****300.00

8. Name and Address of Current Registered Agent

MIERZWINSKI, GREGORY E  
501 E. KENNEDY BLVD. STE. 1207  
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Gregory E. Mierzewski*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 4-28-00

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:

*CALVIN T. WEESE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CALVIN T. WEESE

3/24/2000

Date

813-832-5019

Daytime Phone #

CR2E040 (8/99)