

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 31 AM 10:21

DOCUMENT # P99 000005793

1. Corporation Name

CIVILIZATION BUILDERS, INC.

2. Principal Office Address

1155 SEMINOLE DR.

Suite, Apt. #, etc.

City & State

TALL FL.

Zip

32301

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

1/20/99

5. FEI Number

59-3551085

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

REINSTATEMENT

01-02

7. Name and Address of Current Registered Agent

Name

JOHN M. CROWIN

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

1155 SEMINOLE DR.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

10/31/02

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
PRES.	JOHN CROWIN	1155 SEMINOLE DR.	TALL. FL. 32301

600008724286
10/31/02-01046-001 **900.00

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

10/31/02

Date

591 2766

Daytime Phone #

CR2E081 (9/01)