

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  
TALLAHASSEE, FLORIDA

04 FEB 24 PM 3:28

DOCUMENT # P99000005793

**1. Corporation Name**

CIVILIZATION BUILDERS INC.

**2. Principal Office Address**

316 W. 6th AVE  
Suite, Apt. #, etc.

**3. Mailing Office Address**

SAME  
Suite, Apt. #, etc.

**City & State**

TALL FL.  
Zip 32303 Country LEON

**City & State**

Zip Country

**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

**7. Name and Address of Current Registered Agent**

**Name**

JOHN M. CRONIN

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

316 W. 6th AVE

**Suite, Apt. #, Etc.**

**City**

TALL

**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

2/24/04

**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 CRONIN	316 W. 6th AVE	TALL FL. 32303

**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

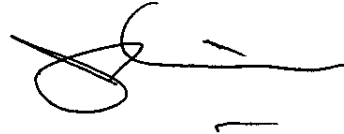
2/24/04  
Date

(850) 591 2766  
Daytime Phone #

CR2E081 (9/01)

TO WHOM IT MAY CONCERN

I, JOHN CRONIN DID NOT RECEIVE NOTICE  
TO FILE ANNUAL REPORT FOR 2003

A handwritten signature, likely of John Cronin, consisting of a stylized 'J' and 'C' followed by a horizontal line.