

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 JUN -8 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06022006 REIN-P CR2E098 (11/05)

DOCUMENT # P99000005793 1. Entity Name CIVILIZATION BUILDERS, INC.					
Principal Place of Business 316 W 6TH AVE TALLAHASSEE, FL 32303			Mailing Address 316 W 6TH AVE TALLAHASSEE, FL 32303		
2. Principal Place of Business 1343 PEDRICK RD Suite, Apt. #, etc.		3. Mailing Address 1343 PEDRICK RD Suite, Apt. #, etc.			
City & State TALL FL Zip 32317		City & State TALL FL Zip 32317		4. FEI Number 59-3551085	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRONIN, JOHN M 316 W 6TH AVE TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1343 PEDRICK RD City TALL FL Zip Code 32317		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRONIN, JOHN 316 W 6TH AVE TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1343 PEDRICK RD. TALL FL 32317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

REINSTATEMENT

6/8/04

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