PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 3

CORPORATION REINSTATEMENT

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

FILED
01 JUL -9 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000035695

1. Corporation Name
BGL Builders Inc.

2. Principal Office Address	**3.** Mailing Office Address
5690 Hallett terrace	5690 Hallett terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Port Fla	City & State: North Port Fla
Zip: 34286 Country: USA	Zip: 34286 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 04-19-99

5. FEI Number: 65-0913852 ☐ 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: Shirley Lagrange
Street Address (P.O. Box Number is Not Acceptable): 5690 Hallett terr.
Suite, Apt. #, Etc.:
City: North Port State: FL Zip Code: 34286

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: Shirley Lagrange Date: 06-20-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
President	Shirley Lagrange	5690 Hallett ter	North Port Fla 34286

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****300.00 ****300.00

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: Shirley Lagrange Shirley Lagrange 06-20-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

06-20-01

to whom it may CONCERN
I was just notified that my corporation was inactive when I filed for my workers exemption last year they accepted me with no problem but this year they said it was inactive. I'm new to all this business matter and I never received any documentation stating I had to renew every year I thought that you paid to open business and then that it was this one time fee. I have no clue that I had to pay every year obviously because I didn't. I would like to make payments to reinstate 150.00 per year.
X 2. I have also moved that why this probably happened like the forms I was supposed to received never got to my new address because someone probably threw them away at my old address I have talked to my accountant and as of today she has filed an amendment to make a change of address Please consider this matter a simple lack of experience

5705

regarding all this business stuff.
I ask for a waiver regarding
this 600.00 reinstatment fee.
and accept my 300.00 check.
I can assure you that this will
never happen again. now that
I know how all this works.
I really don't have extra 600.00
to throw away for fun.
I would have paid on time
If I had only gotten the
papers on all this.

Thank you

Shelly Hegg