

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 APR 25 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 009-0000 44041

1. Corporation Name

Right Builders Inc.

2. Principal Office Address

3423 Drury St.

Suite, Apt. #, etc.

3. Mailing Office Address

3423 Drury St.

Suite, Apt. #, etc.

City & State

Talla. FL

City & State

Talla. Fla.

Zip

Country

32311-736 LEON

Zip

Country

32311 LEON

4. Date Incorporated or Qualified
To Do Business in Florida

May 14, 1999

5. FEI Number

59-3577907

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

Michael L Johnson

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

3423 Drury St.

Suite, Apt. #, Etc.

400004192294-5

05/10/01-01017-001

***350.00 ***350.00

City

Talla

State

FL

Zip Code

32311

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

Michael L Johnson

REGISTERED AGENT MUST SIGN

Date

4/25/01

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.	Michael Johnson	3423 Drury St	Talla. FL 32311
Pres	John C Thomas	8014 McClinck Ct.	Talla. FL 32311

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:

Michael L Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/01

Daytime Phone #

850 933-5089