

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 30 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000100538

1. Corporation Name

B & B BUILDING CONSTRUCTION, INC.

IN61000030946

2. Principal Office Address

4618 Miranda Circle

3. Mailing Office Address

4618 Miranda Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32818-1759

Country

USA

Zip

32818-1759

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/17/1999

5. FEI Number

59-3608293

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

Steven M. Fahlgren, Esq.

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

4751 S. Conway Road

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32812

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **October 24, 2002**

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
PSTD	Anthony Ellis	4618 Miranda Circle	Orlando, FL 32818-1759
V	Erika Lawson-Ellis	4618 Miranda Circle	Orlando, FL 32818-1759

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:

Erika Lawson-Ellis

Erika Lawson-Ellis

Date

10/24/02

Daytime Phone #

407-293-7839

CR2E081 (9/01)

91 10/30/12