

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V03412**

1. Corporation Name
FABRIC BUILDING SYSTEMS, INC.

Principal Place of Business
**4919 BOTH AVE. CIRCLE EAST
 SARASOTA FL 34243**

Mailing Address
**4919 BOTH AVE. CIRCLE EAST
 SARASOTA FL 34243**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
 98 JAN -5 PM 12:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 91

4. Date Incorporated or Qualified To Do Business in Florida

01/02/1992

5. FEI Number

65-0320291

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	RUPRECHT, THOMAS L	4919 80 AVE CIRCLE EAST	SARASOTA FL
D	STAFFORD, ROBERT M.	4838 SOLUS PLACE	WEED CA 96094

200002394162-6
 -01/08/98--01082--009
 ****750.00 ****750.00

RB
1-6-98

8. Name and Address of Current Registered Agent

~~RUPRECHT, THOMAS~~
~~4919 80 AVE. CIRCLE EAST~~
~~SARASOTA FL 34243~~

9. Name and Address of New Registered Agent

Name **Robert M. Stafford**
 Street Address (P.O. Box Number is Not Acceptable)
~~4838 Solus Place~~ **4919 80th Ave Circle East**
 Suite, Apt. #, Etc.
 City **Weed Sarasota** State **FL** Zip Code **34243**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTRED AGENT MUST SIGN

Date **12/31/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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

12/31/97 530 938 1083
 Date Daytime Phone

CR2500 12/97