

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -9 PM 12: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-07
CR2E081 (1/07)

DOCUMENT # V 33571

1. Corporation Name

THE BURKRIDGE BUILDERS CORP.

2. Principal Office Address - No P.O. Box #

4425 NORTH RD.

Suite, Apt. #, etc.

City & State

NAPLES FL.

Zip

34104

Country

Collier

3. Mailing Office Address

PO BOX 1099 3

Suite, Apt. #, etc.

City & State

NAPLES FL.

Zip

34101

Country

Collier

4. Date Incorporated or Qualified
To Do Business in Florida

5/5/1992

5. FEI Number

020430799

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

PAUL A. BURCKY

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

4425 NORTH RD.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34104

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Paul Burcky
REGISTERED AGENT MUST SIGN

Date 11/5/07

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
P	PAUL A. BURCKY	4425 NORTH RD.	NAPLES FL. 34104
VP	TROY A. BURCKY	4425 NORTH RD.	NAPLES FL. 34104
Sec	EGAN C. BURCKY	4425 NORTH RD.	NAPLES FL. 34104
Tres.	CARLEEN T. BURCKY	4425 NORTH RD.	NAPLES FL. 34104
	<u>Mull</u>		

900112178849
11/09/07--01046--024 **750.00

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 contained in Chapter 119, 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

Paul A. Burcky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/2007 239-450-6848

Date

Daytime Phone #