

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 30 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V37740**

1. Corporation Name

**ADVANCED BUILDING SYSTEMS OF NORTH
FLORIDA, INC.**

2. Principal Office Address

3536 UNIVERSITY BLVD. N.

Suite, Apt. #, etc.

SUITE-144

City & State

JACKSONVILLE, FL

Zip

32277

Country

DUVAL

3. Mailing Office Address

3536 UNIVERSITY BLVD. N.

Suite, Apt. #, etc.

SUITE-144

City & State

JACKSONVILLE, FL

Zip

32277

Country

DUVAL

REINSTATEMENT

02-05

4. Date Incorporated or Qualified
To Do Business in Florida

5/20/1992

5. FET Number

593126715

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

RONALD P. HARRIS

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

4154 DAWN RIDGE ROAD EAST

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32277

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

REGISTERED AGENT MUST SIGN

Date

3/7/05

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/D	RONALD P. HARRIS	4154 DAWN RIDGE RD. E.	JACKSONVILLE, FL 32277
S/T	DIANE M. HARRIS	4154 DAWN RIDGE RD. E.	JACKSONVILLE, FL 32277

700050670237
04/13/05--01059--009 **600.00

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:

RONALD P. HARRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/05

Date

904-463-6458

Daytime Phone #

CR2E081 (01/04)

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**ADVANCED BUILDING SYSTEMS OF NORTH
FLORIDA, INC.**

**3536 UNIVERSITY BLVD. NORTH, SUITE - 144
JACKSONVILLE, FLORIDA 32277
(904) 463-6458**

3/25/2005

**Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314**

**RE: Reinstatement of Corporation
Advanced Building Systems of North Florida, Inc.
Document # V-37740**

Dear Sir/Madam,

Thank you for your response to my letter dated 2/26/2005 (Attached). It was my oversight not to include the year I did not receive the Uniform Business Report/Corporate Annual Report, due to my office relocation. I did not receive the forms for the year 2002.

I do request a waiver of Reinstatement fees for the above referenced Corporation as the Uniform Business Report/Corporate Annual Report was not received for the year 2002.

**My new and correct mailing address is: 3536 University Blvd. North, Suite - 144
Jacksonville, Florida 32277**

I have enclosed the Corporate Reinstatement form and a Certified Check in the amount of \$600.00.

Your consideration in this matter will be Greatly appreciated.

Sincerely,



**Ronald D. Harris
President**