Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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CORPORATION REINSTATEMENT
JAVELER CONSTRUCTION CO., INC.

Certificate of Status	0
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APR - 5 2012
D. BUTLER

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TALLAHASSEE, FLORIDA

12 APR -5 AM 8:46

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 98-12

DOCUMENT # 356140

1. Corporation Name
Javeler Construction Co., Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4406 HIGHWAY 14	P.O. BOX 13370
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW IBERIA, LA	City & State: NEW IBERIA, LA
Zip: 70560 Country: USA	Zip: 70562-0370 Country: USA

CR2E052 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida: 11/26/1969

5. FEI Number: 59-1277916 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: PLANTATION State: FL Zip Code: 33324

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: Kristin Bolden Assistant Secretary Date: 4/4/2012

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, D	LESLIE M. CROSS	11451 LA. HWY 89	ERATH, LA 70533
V, S, D	BRENDA P. CROSS	11451 LA. HWY 89	ERATH, LA 70533

10. E-mail Address: leslie@javeler.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the profit or trustee empowered to execute this application as provided for in Section 607.0401 or 617.0401, F.S. I further certify that upon 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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I also acknowledge that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Leslie M Cross LESLIE M CROSS 4/3/2012 337-364-5841
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

APR - 5 2012
D. BUTLER