

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 DEC -5 AM 9:44

DOCUMENT # **J21409**

1. Corporation Name
JEFFERSON BUILDERS MART & HARDWARE COMPANY, INC

Principal Place of Business Mailing Address
1400 SOUTH JEFFERSON ST. MONTICELLO FL 32344



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

4. Date Incorporated or Qualified To Do Business in Florida **06/26/1986**

5--FEI Number **59-2695916** 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	4 City / State / Zip
ST	FREEMAN, LARRY D. <i>MAN</i>	1400 S. JEFFERSON ST.	MONTICELLO FL
ST	FREEMAN, TERESA D.	1400 S. JEFFERSON ST.	MONTICELLO FL
	P/D Freeman, Teresa D.	1400 S. Jefferson St.	Monticello FL 32344
	VP/D Beatty, William C.	1400 S. Jefferson St.	Monticello FL 32344
	ST/D Freeman, Larry D	1400 S. Jefferson St.	Monticello FL 32344

8. Name and Address of Current Registered Agent

REICHMAN, MICHAEL A.
380 N. JEFFERSON
MONTICELLO FL 32344

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) **4000003500494--0**
 Suite, Apt. #, Etc. **-12/13/00--01107--013**
 City *****750.00** State **FL** Zip Code *****750.00**

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 *[Signature]* **REQUIRED** Date **12/4/00**
 REGISTERED AGENT MUST SIGN

11. 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]* **REQUIRED** **10-30-00** **850997**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **2519**

CR2E040 (8/00)

AD