

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 25 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000084101**

1. Corporation Name

**JAC BUILT CORPORATION**

Principal Place of Business

11350 66TH STREET NORTH, #106  
LARGO FL 33773

Mailing Address

11350 66TH STREET NORTH, #106  
LARGO FL 33773

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/31/2000

5. FEI Number

59-3668441

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
DS	VALENTE, JANET	14920 HIDDEN OAK CIRCLE 2615 W GRAND RESERVE CIR #338	CLEARWATER FL 33764 33759
DP	COLONNELL, WILLIAM J	14920 HIDDEN OAK CIRCLE 2615 W GRAND RESERVE CIR #338	CLEARWATER FL 33764 33759

100008597681  
10/25/02--01083--024 \*\*750.00

*10/1/02*

8. Name and Address of Current Registered Agent

VALENTE, JANET  
11350 66TH STREET NORTH, #106  
LARGO FL 33773

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

*Janet Valente*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10-01-02

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.

WILLIAM J COLONNELL

(727)

SIGNATURE:

*William J. Connell*  
**SIGNATURE REQUIRED**

SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

Date

10-01-02

Daytime Phone #

5478770

CR2E040 (8/02)