

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 DEC 20 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000094817

1. Corporation Name

JOINT VENTURE CONSTRUCTION

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

3500 N.E. 11th Ave.

Suite, Apt. #, etc.

City & State

Oakland Park, FL.

Zip

33334

Country

Broward

3. Mailing Office Address

3500 N.E. 11th Ave.

Suite, Apt. #, etc.

City & State

3500 N.E. 11th Ave.

Zip

33334

Country

Broward

**REINSTATEMENT** 06-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

Dec. 14, 2007

5. FEI Number

30-0113291

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ YES

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Alfred Cosentino

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

3500 N.E. 11th Ave.

Suite, Apt. #, Etc.

City

Oakland Park

State

FL

Zip Code

33334

☐ 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

REGISTERED AGENT MUST SIGN

Date

12/14/2007

**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
Pre.	Alfred Cosentino	3500 N.E. 11th Ave.	Oakland Park, FL 33334
V.P.	George Costanza	3500 N.E. 11th Ave.	Oakland Park, FL 33334
			300113407643 12/25/07--01052--024 **830.00

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: Alfred Cosentino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 14, 2007

Date

954-563-3634

Daytime Phone #

jc 12/20