

1072

APPROVED AND FILED

2/15/2006-90031-018-\$150.00-\$150.00

06 MAR 14 AM 8:21

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000119928

1. Entity Name

JMATHIS CONTRACTING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 05-06 *ESC*

2. Principal Place of Business
6 BARRACUDA PLACE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PONTE VEDRA BEACH, FL

City & State

Zip 32082-1700 **Country**

Zip **Country**

4. FEI Number
01-0801604

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MATHIS, JOHN A.

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

800068560928

03/24/06 01006 020 \$150.00

City PONTE VEDRA BEACH **FL** **Zip Code** 32082-1700

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1st Fee is \$150.00
After May 1st Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, JOHN A. 6 BARRACUDA PLACE PONTE VEDRA BEACH, FL 32082-1700
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *John A. Mathis* **JOHN A. MATHIS** **2-10-06** **904 993-3180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

2072

March 7, 2006

Florida Department of State
Division of Corporations

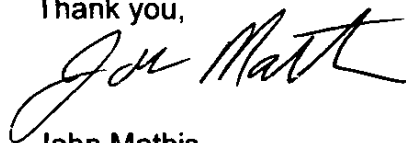
Ref: PO3000119928
J Mathis Contracting, Inc.
6 Barracuda Place
Ponte Vedra Beach, FL 32082

To Whom it my concern,

Recently I spoke with an employee from the department in regards to the letter I recently received about my annual report.

I had failed to file the 2005 Annual Report which I had not received the notice for. I was advised to send this letter and the fee of \$150.00 and request a Waiver of the Reinstatement Fee, because I did not receive the notice.

Thank you,



John Mathis
J Mathis Contracting, Inc.