

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 NOV 23 PM 3: 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 03000119928

1. Corporation Name

J. MATHIS CONTRACTING, INC.

200162755762  
11/12/09--01037--016 \*\*158.75

REINSTATEMENT 09

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

1784 Hollow Glen DR.

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

1784 Hollow Glen DR.

Suite, Apt. #, etc.

N/A

City & State

Middleburg FL.

City & State

Middleburg FL.

Zip

32068

Country

CLAY/USA

Zip

32068

Country

USA / CLAY

4. Date Incorporated or Qualified To Do Business in Florida

10-2003

5. FEI Number

010801604

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN A. MATHIS

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

1784 Hollow Glen DR.

Suite, Apt. #, Etc.

N/A

City

Middleburg

State

FL

Zip Code

32068

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

John A. Mathis  
REGISTERED AGENT MUST SIGN

Date

11-9-09

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
	<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>	
<u>President</u>	<u>JOHN A. MATHIS</u>	<u>1784 Hollow Glen DR.</u>	<u>Middleburg FL. 32068</u>

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:

John A. Mathis JOHN A. MATHIS

Date

11-20-09

Daytime Phone #

904 993-3180