

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 31 PM 3: 36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000071172

1. Corporation Name

JSM CONSTRUCTION MANAGEMENT, INC.

Principal Place of Business

1461 27 AVE NORTH  
ST PETERSBURG FL 33704

Mailing Address

1461 27 AVE NORTH  
ST PETERSBURG FL 33704



REINSTATEMENT *96*

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		4. Date Incorporated or Qualified To Do Business in Florida	
				09/12/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				593336822	
City & State		City & State		Applied For	
				Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$375 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	MCELYEA, JACKIE S	1461 27 AVE NORTH	ST PETERSBURG FL 33704
V	MCELYEA, DAVID E	1461 27 AVE NORTH	ST PETERSBURG FL 33704

100002045961--5  
-01/03/97-01178--005  
\*\*\*375.00 \*\*\*375.00

*12-31-96*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MCELYEA, JACKE S 1461 27 AVE NORTH ST PETERSBURG FL 33704		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.

Signature of Registered Agent

*Jackie S. McElyea*  
REGISTERED AGENT MUST SIGN

Date 12-26-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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)(l), 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:

*Jackie S. McElyea* JACKIE S. McElyea 12-26-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

813-  
821-  
5360