APPLICATION FOR SATE Sandra B. Mortham FILED SACRETARY OF STATE SACRET	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM									
PREINSTATEMENT  DOCUMENT # P95000071172  1 Compromotion hard  SECRETARY OF STATE  SECR	AFPLICATION FLORIDA DEPARTMENT OF ST									
DOCUMENT # P95000071172  I Compresson Name  JSM CONSTRUCTION MANAGEMENT, INC.  SECRETARY OF STATE TALLAHASSEE, FLORIDA  REMSTATEMENT  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  If above addresses are borrect in any way, line through incorrect information and enter correction below.  If above addresses are borrect in any way, line through incorrect information and enter correction below.  If above addresses are borrect in any way, line through incorrect information and enter correction below.  If above addresses are borrect in any way, line through incorrect information and enter correction below.  If above addresses are borrect in any way, line through incorrect information and enter correction below.  If above addresses are borrect in any way, line through incorrect information and enter correction below.  If above addresses are borrect in any way, line through incorrect information and enter correction below.  If above addresses are borrect in any way incorrect information and enter correction below.  If above addresses are borrect information and enter correction below.  If above addresses are borrect information and enter correction below.  If above addresses are borrect in any way incorrection and enter correction and entered information and entered and entered information and entered in any addresses and the analysis in an addresses and the analysis in an addresses and th	REINISTATEMENT Secretary of State									
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### Address of Current Registered Agent  ###################################	Principal Place of Business Mailing Address						_		Ţ.	
**Now Principal Office Address, if Applicable   S. New Malling Office Address, if Applicable   S. New Finding Office Address, if Applicable   S. New Finding Office Address, if Applicable   S. Pel Number   S										
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Suite, Apr. 1, etc.    Suite, Apr. 1, etc.   Suite, Apr. 1, etc.					incorrect information and enter correction below.		4. Date Incorporated or Qualified			
Titled   Street Addresses of Each Officer and or Director (Fiorida nonprofit corporations must list at least 3 directors)   CERTIFICATE OF STATUS DESIRED									— <del>1-1—</del>	
7. Numes and Street Addresses of Each Officer and/or Directors (Florida nonperfit compressions must list at least 3 directors)  Titud(s) 2							6.	ANTONY.	Sept. Comment of the last of t	
Title(s) 2 and/or Directors 3 (Do NOT Use Post Office and/or Directors) 4 City / Stute / Zip  P MCELYEA, JACKIE S 1481 27 AVE NORTH ST PETERSBURG FL 33704  V MCELYEA, DAVID E 1481 27 AVE NORTH ST PETERSBURG FL 33704  I MCELYEA, DAVID E 1481 27 AVE NORTH ST PETERSBURG FL 33704  I MCELYEA, DAVID E 1481 27 AVE NORTH ST PETERSBURG FL 33704  8. Name and Address of Current Registered Agent Name and Address of Now Registered Agent Name and Address of Now Registered Agent Name and Address of Now Registered Agent Name North Street Registered Agent Registered Registered Registered Agent Registered	7. Names a				<u> </u>					
P MCELYEA, JACKIE S  1481 27 AVE NORTH  ST PETERSBURG FL 33704  1 1861 27 AVE NORTH  ST PETERSBURG FL 33704  1 1861 27 AVE NORTH  ST PETERSBURG FL 33704  1 1861 27 AVE NORTH  ST PETERSBURG FL 33704  1 1861 27 AVE NORTH  O. Name and Address of New Registered Agent  MCELYEA, JACKE S  1481 27 AVE NORTH  ST PETERSBURG FL 33704  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  10 1. 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  The Cost Street Address (P.O. Box Number is Not Acceptable)  10 1. 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  The Cost Street Address (P.O. Box Number is Not Acceptable)  10 1. 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 Thus The Cost Street Address (P.O. Box Number is Not Acceptable)  12 I cortist that I am an officer of director or the receiver or trustee empowered to accute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporation as provided for in chapter 607 or 617, F.S. I further certify that when filling on this reinstatement application, the reason for dissolution has been eliminated, the corporation as provided for in chapter 607 or 617, F.S. I further certify that when filling on this reinstatement application, the reason for dissolution has been eliminated, the corporation as provided for in chapter 607 or 617, F.S. I further certify that when filling on this reinstatement application have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119,07(1)(1), F.S. The informa	Title(s)	Name of Officers			Str	Street Address of Fech			ə / Zip	
INCELYEA, JACKE S  1. DOES THE REGISTERED AGENT MUST SIGN  1. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Revenue under S. 199.032, Florida Statutes. Yes No Repletation as provided for in chapter 607 or 617, F.S. If unitary carrily that I am an officer or director or the receiver or trustee empowered to execute this applications as provided for in chapter 607 or 617, F.S. If unitary carrily 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. If unitary carrily that when thing this reinstations in a provided for in chapter 607 or 617, F.S. If unitary carrily that when thing this reinstations has been obtained which is the operation based on the names of includinal fields on this term do not qualify for an exemption under section 110,07(7)(1), F.S. The Information indicated on this application is true and accurate, and my signature shall have the same legal officet as if made under oath.  SIGNATURE: Accuracy Agent Statutes Accuracy and the same of includinal field on this form do not qualify for an exemption under section 110,07(7)(1), F.S. The Information indicated on this application is true and accurate, and my signature shall have the same legal officet as if made under oath.  SIGNATURE: Accuracy Agent Accu	Р		, JACKIE S							
Bignature of Registered Agent	٧	MCELYEA, DAVID E			1461 27 AVE NORTH			ST PETERSBURG FL 33704		
8. Name and Address of Current Registered Agent  MCELYEA, JACKE S 1461 27 AVE NORTH ST PETERSBURG FL 33704  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  11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No   12. I cortify that I am an ellicer or director or the receiver or trustee empowered to execute this application, the reason for dissolution has been eliminated, the corporate name aetisties the requirements of section 697.0401 or 617.0401, F.S., that all flood owned by the corporation have been paid and the names of Individuals fisted on this form do not intangible to in the process of the section 697.0401 or 617.0401, F.S., that all flood owned by the corporation have been paid and the names of Individuals fisted on this form do not intally for an exemption under section 119.07(3)(1), 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:  31. ACKIE S. MCELYEA 12-26-40.  SIGNATURE:  31. ACKIE S. MCELYEA 12-26-40.  SIGNATURE:	,	r								
MCELYEA, JACKE S 1461 27 AVE NORTH ST PETERSBURG FL 33704  Suite, Apt. #, Etc.  City  State  City  Date  12-26-96  REGISTERED AGENT MUST SIGN  11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No   12. I contify that I am an officer or director or the receiver or trustoe empowered to execute this application have been gold in the names of Individuals listed on this form do not quality 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 logal offect as it made under oath.  SIGNATURE:  Name  State Zip Code  FL  State	•							-01/03/3701178005		
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10. I, boling 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 Agent Agent MUST SIGNY  11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No V (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 setisfies the requirements of section 697.0401 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)(1), F.S. The Information indicated on this application is true and accurate, and my signature shall have the same legal officet as if made under oath.  SIGNATURE: Acceptable Agent A						Street Address (P.O. Box Number is Not Acceptable)				
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