

PS 1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 04-06

DOCUMENT # **P99000025150**
1. Corporation Name
Owens Contracting Services Inc.

2. Principal Office Address 15960 Old Cheney Hwy.		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando		City & State	
Zip 32833	Country United States	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **03/15/1999**

5. FEI Number **59-3565694** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CR2E081 02/05
06 JAN 30 PM 1:07
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name **Jason Owens**

Street Address (P.O. Box Number is Not Acceptable) **15960 Old Cheney Hwy.**

Suite, Apt. #, Etc.

City **Orlando**

State **FL** Zip Code **32833**

900065198553
02/06/06--01021--012 ** 50.00

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 Date **1-26-06**

REGISTERED AGENT MUST SIGN

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
PVT	Jason Owens	15960 Old Cheney Hwy	Orl. Fl. 32833

06 JAN 30 PM 1:07
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0403 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 199, 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: **Jason Owens** Date **01/26/2006** Daytime Phone # **407-671-4827**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


BJ 2/2

January 26, 2006

To whom it may concern;

Re: Owens Contracting Services Inc. Reinstatement

This is a letter requesting consideration to wave the reinstatement fee for Owens Contracting Services Inc. As for I had not received the forms for renewal. I had sent in a request through the company in which reinstated my corporation last time. As the address was changed from 9221 Larette Dr. Orlando, Fl. 32817 to 15960 Old Cheney Hwy. Orlando Fl. 32833. I had not operated from prior address for a few years now. If you would please take this matter for consideration of dismissing the reinstatement fee of \$600.00. Attached is the application with the proper address that my mail is received at and operate from. If there are any questions feel free to contact Jason Owens at 407-671-4827. Thank you in advance for your consideration. *The years I did not receive the forms were from 2004 to 2006.*


Jason Owens