

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 25 PM 1:35

DOCUMENT # **854843**

1. Corporation Name

J.E. JONES CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

13100 MANCHESTER RD.
SUITE G55
ST. LOUIS MO 63131

13100 MANCHESTER RD.
SUITE G55
ST. LOUIS MO 63131



REINSTATEMENT 99

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

11640 Chesterfield Grove Rd.

11640 Chesterfield Grove Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Chesterfield MO

Chesterfield MO

Zip

Country

Zip

Country

63005 USA

63005 USA

4. Date Incorporated or Qualified To Do Business in Florida

12/02/1982

5. FEI Number

43-0690750

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CDM	JONES, ROBERT E.	511 DOUGHERTY MILL LANE 17712 Sugarberry Ct.	MANCHESTER MO Chesterfield MO 63005
PD	JONES, THOMAS G.	415 WOODSTEAD CIRCLE	LONGWOOD FL 32779
S	STRICKER, KENNETH P	10035 CHESTERFIELD FARMS DRIVE 1171 Wildhorse Meadows Dr.	CHESTERFIELD MO 63005
			400003032664--5 -11/02/99--01077--008 ****750.00 ****750.00
			<i>[Signature]</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, THOMAS G. 415 WOODSTEAD CIRCLE LONGWOOD FL 32750	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

[Signature] REGISTERED AGENT MUST SIGN

Date 10/22/99

11. 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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] REQUIRED

10/22/99

Date

636-537-7000

Daytime Phone #