

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC -5 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 854843

1. Corporation Name

J.E. JONES CONSTRUCTION COMPANY

2. Principal Office Address

17887 CHESTERFIELD AIRPORT RD

Suite, Apt. #, etc.

City & State

CHESTERFIELD, MO

Zip

63005

Country

USA

3. Mailing Office Address

415 WOODSTEAD CIRCLE

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32779

Country

USA

REINSTATEMENT 02-05
CR2E081 (8/05)

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. Name and Address of Current Registered Agent

Name

TOM JONES

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

415 WOODSTEAD CIRCLE

Suite, Apt. #, Etc.

City

LONGWOOD

State
FL

Zip Code

32779

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **11/28/05**

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
P/S/D	THOMAS G. JONES	415 WOODSTEAD CIRCLE	LONGWOOD, FL 32779

600061908826
12/05/05--01041--005 **1200.00

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 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:

[Handwritten Signature]

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #