## PLEASÉ READ ALL INSTRUCTIONS BÉFORÉ COMPLETING THIS FORM.

	RPORATI STATEM				5	Secretary Sion of c	y of S		NIE		_				
DO0!											09 JUN - 1 AM 10: 41				
DOCUMENT # F000000292  1. Corporation Name										SECRETAR ( OF STATE TALLAHASSEE, FLORIDA					
J.S.R. CONSTRUCTION, INC.											TALLA	1A33EE	, FLUK	IUA	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address										20 05/19/0	<b>0156</b> 90102	161: 012	1 12 **12	208.75	
						Apt. #, etc.				REINSTATEMENT 06-09					
A-1					A-1					4. Date Incorporated or Qualified To Do Business in Florida 0 2/18/92					
City & State					City & State					5. FEI Numbe				Applied For	
MARS HILL, NC Zip Country					MARS HILL, NC Zip Country					561764183 Not Applicable					
287	.54	U <u>≤</u>	<u>`</u>		2875	14		) >		CERTIFICATE	OF STATUS DES			onal Fee required ficate of Status	
		<b>7.</b> Nar	ne and Addr	ess of C	urrent Regis	stered Agen	nt					,			
Daniel Dodge Karninst							ki.				☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive				
Street Address (P.O. Box Number is Not Acceptable)										the prior notices. By checking this box, you					
Suite, Apt. #, Etc.						<u> </u>			are certifying the prior notices were not received and requesting the reinstatement						
City		State Zip Code FL 34983			fee be waived.										
Port St Lucic   FL   S4983    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 o Registered		عر	<u>&gt;</u>	REGI	Date _ 5-/-09										
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 I Officer and/or Dire						City / State / Zip				
P	JOHN S. RICE					1036 FORCES OF NAT				1053	MARS HILL/NC/28+04				
V	ROBIN RICE					1036 FORCES OF NA				ATTURE	TURE MARS HILLINCIZ8794			97 <del>94</del>	
	_		C/ .									<del></del>			
	REINSTATEMENT														
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 filling 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 contained in Chapter 119, F.S. The Information indicated on this application is true and appropriate, and my signature shall have the same legal effect as if made under oath.															
SIGNA	SIGNATURE: JULIU JOHN S. RICE 5/15/09 828-689-8780 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #												<del>89-8780</del>		