## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

3. Mailing Office Address

FILED

04 FEB -3 PM 1:53

SECRETARY OF STATE TALLAHASSEE FLORIDA

PEINSTATEMENT 03-04

DOCUMENT # F45788

1. Corporation Name

2. Principal Office Address

SIGNATURE:

2205 Vermont St

J.C. Wells Construction, Inc.

Me Ib ourne    Section   Proposition   Propo	Suite, Apt. #, etc.			Suite, Apt. #, etc.	i						
City & State  We   6 ourne   F   Zip   Country   Zip   Country   G. CERTIFICATE OF STATUS DESIRED   SUTS Additional For Not Applicable    Name   Quine S   Church for place   Well   102/106/10401011020   ***900. CI  Street Address (P.O. Box Number is Not Acceptable)   Suits, Apt #, Etc.  City   City   State   Zip Code   FL   23/904    8. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 F.S.  Signature of Registered Agent   MUST SIGN   Date   -28-04    9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles   Officers and/or Directors   Street Address of Each Officer and/or Director   City / State / Zip Code   City / Cit											
Not Applicable   Not Acceptable   Not	City & State			City & State		2 - 1 22-22-1 v 1/2-1-1-1					
Country  Cou				P'(		5. FEINU	→ rmi Number				
7. Name and Address of Current Registered Agent  Name    101023317321	Zip Country		Zip	Country		6 \$8.75 A			-2-15/84 <b>8826</b>		
Name    Agency   Christophor   Well   02/06/04-01011-020   **900.00	<u> 329</u>	0 Ч	02			CERTIFIC	CATE OF STATU	JS DESIRED for a (	Certificate	of Status	
Street Address (P.O. Box Number is Not Acceptable)  2205 Vermont Street  State   State   Zip Code   FL		•		7. Name ar	nd Address of Current Re						
Street Address (P.O. Box Number is Not Acceptable)  2205 Veymont Street  Suite, Apt. #, Etc.  City  Mc16 OV r 12  8. 1, 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  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  Officers and/or Directors  Officers and/or Directors  Officer and/or Director  Acceptable  Street Address of Each  Officer and/or Director  Officer and/or Director  Acceptable  Acceptable  Street Address 3 directors  Street Address of Each  Officer and/or Director  Officer and/or Director  Acceptable  Acceptable  Acceptable  Acceptable  Acceptable  Street Address 3 directors  Officer and/or Director  Acceptable	II.										
Suito, Apt. #, Etc.  City  Melbovina  8. 1. 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  Registered Agent  Part of City State / Zip Code  Registered Agent  Registered Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Name of Officer and/or Director  Officer and/or Director  Part of City / State / Zip  Melbourn, Fl 32 804  Sec James C Well 2205 Vermont St Melbourn, Fl 32 804  Tres James C Well 2205 Vermont St Net Ibourn, Fl 32 804  Net Ibourn, Fl 32 804		V (1.123 - 2.11,0 ) 2 5 1 2 5 1									
Suite, Apt. #, Etc.  City Melbourne  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  Page 1  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  Officers and/or Directors  Officer and/or Directors  City / State / Zip  Page 1  August C. Wells  AGS Vermont St.  Melbourn, Fl. 23804  Tres  James C. Well  AGS Vermont St.  Melbourn, Fl. 23804  Neckbourn, Fl. 23804											
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 1-25-04  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 Officers and/or Directors City/ State / Zip City/ State / Zip Mulbourn, fl 32/804  Registered Agent Date 1-25-04  Registered Agent Date 1-25-04  Name of Officer and/or Directors City/ State / Zip Mulbourn, fl 32/804  Registered Agent Date 1-25-04  Register	Į.										
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Signature of Registered Agent  Registered Addresses of Each Officer and/or Directors  Street Address of Each  City / State / Zip —  Registered Agent  Registered Address of Each  City / State / Zip —  Registered Address of Each  City / State / Zip —  Registered Address of Each  Registered Address of Each  Registered Agent  Registered Agent  Registered Address of Each  City / State / Zip —  Registered Address of Each  Registered Add	ŀ		elborrne								
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles	Registered A	gent	/ frull	GIŜTERED AGENT MI	JST SIGN		Date	<u> </u>			
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Tres James CWell. 2205 Vermont & Nelbourne, fi 32901		1									
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR