

DOCUMENT # F91073

1. Entity Name
JET CONSTRUCTION AND SUPPLY CORPORATION, INC.

FILED

00 DEC 15 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**199 RAIN TREE CIRCLE
DELAND FL 32724**

Mailing Address
**199 RAIN TREE CIRCLE
DELAND FL 32724**

2. Principal Place of Business

3. Mailing Address
5 W. HIGHBANKS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DEBARY FL

REINSTATEMENT

4. FEI Number **59-2578276**

Applied for
Not Applicable

Zip

Country

Zip
32713

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

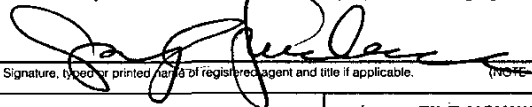
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GHISELLINI, AUGUST
199 RAIN TREE CIRCLE
DELAND FL 32724**

Name **JOSEPH GHISELLINI**
Street Address (P.O. Box Number is Not Acceptable)
CTO DAVID ABELLES
22 E 82ND ST 5 W. HIGHBANKS RD
City **NEW YORK DEBARY FL** Zip Code **32713**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **Dec 10, 00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **GHISELLINI, AUGUST**
STREET ADDRESS **199 RAIN TREE CIRCLE**
CITY-ST-ZIP **DELAND FL**

TITLE **900003522889** ☐ Addition
NAME **-01/03/01--01063--008**
STREET ADDRESS *****750.00 ***750.00**
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **GHISELLINI, JOSEPH**
STREET ADDRESS **22 E 82ND ST.**
CITY-ST-ZIP **NEW YORK CITY-NY**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **GHISELLINI, JOSEPH**
STREET ADDRESS **GUIDE CONST. 1173A 2ND AVE # 250**
CITY-ST-ZIP **NEW YORK, N.Y. 10021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOSEPH GHISELLINI PRESIDENT** **Dec 10, 00**
Date Daytime Phone #

CR2E034 (5/00)