

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUN 25 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H45268

1. Corporation Name
John Charles Construction of Boca Raton, Inc.

Principal Place of Business Mailing Address

~~7242 Ayrshire Lane
Boca Raton, Florida 33496~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <u>2711 N.E. 36th St</u>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>03/04/1985</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>69-2499364</u>	
City & State <u>LIGHTHOUSE POINT, FL</u>		City & State		Applied For Not Applicable	
Zip <u>33064</u>	Country <u>US</u>	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	John C. Csapo	7242 Ayrshire Lane <u>2711 N.E. 36th St.</u>	Boca Raton, FL 33496 <u>LIGHTHOUSE PT. FL 33064</u>
			700002925477--1 -07/07/99--01071--018 ***1350.00 ***1350.00

REINSTATEMENT 95-99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

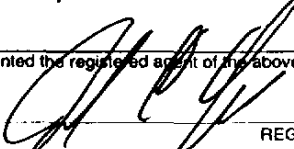
John C. Csapo
~~7242 Ayrshire Lane~~
Boca Raton, Florida ~~33496~~

2711 N.E. 36th St.
LIGHTHOUSE PT.
FL. 33064

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



REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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

JOHN C. CSAPO

6/25/99

Date

561-394-5600

Daytime Phone