

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -4 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J39771

1. Corporation Name

J. L. HENDERSON CONSTRUCTION CO INC.

2. Principal Office Address

3114 45th. st. #1

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 10

Suite, Apt. #, etc.

City & State

West Palm Bch., FL

City & State

South Bay, FL

Zip

33407

Country

US

Zip

33493

Country

US

REINSTATEMENT

03

**4. Date Incorporated or Qualified
To Do Business in Florida**

1986

5. FEI Number

592735602

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

John L. Henderson

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

950 N. Highway 27

Suite, Apt. #, Etc.

City

South Bay, FL 33493

State

FL

Zip Code

33493

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

John L. Henderson

REGISTERED AGENT MUST SIGN

Date

12/14/12

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
DP	JOHN L. Henderson	5741 SE NASSAU TR. Stuart, FL 34997	STUART, FL 34997
VTS	Michelle M. Henderson	Same	

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:

John L. Henderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-03

Date

561 722-5472

Daytime Phone #

CR2E081 (10/02)

**J.L. HENDERSON CONSTRUCTION CO. INC.
3114 45TH. STREET #1
WEST PALM BEACH, FL. 33407
561 722-5472**

December 3, 2003

**Florida Dept. of State
Division of Corporations
409 East Gaines St.
Tallahassee, Fl. 32399**

re: Corporate Annual Report

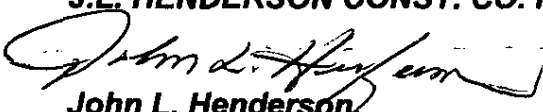
To Whom It May Concern:

Please be advised that I did not receive the 2003 UBR and did not know that it was not done until time to renew my business licenses and could not do so because of this.

I would appreciate your understanding and help in this matter. I am enclosing my reinstatement form along with payment .

Thank you in advance for your cooperation in this matter.

**Sincerely,
J.L. HENDERSON CONST. CO. INC.**


**John L. Henderson,
President**