

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # *V. 1021103*

94-99
 99 MAY -7 PM 5:29
 TALLAHASSEE, FLORIDA

1. Corporation Name
RONALD JONES CONTRACTING, INC.

Principal Place of Business Mailing Address
151 SHADOW TRAIL SAME
LONGWOOD, FL 32750

10377-9500

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt #, etc	Suite, Apt #, etc	5. FEI Number
City & State	City & State	59-2870213
Zip	Country	Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	RONALD JONES	151 SHADOW TRAIL	LONGWOOD, FL 32750

800002880268--6
 -05/19/99- 01063--006
 ***1500.00 ***1500.00

REINSTATEMENT *94-99* *B* *5/13/99*

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RONALD JONES 151 SHADOW TRAIL LONGWOOD, FL 32750	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: *Ronald Jones* REGISTERED AGENT MUST SIGN Date: *4/12/99*

11. This corporation owes 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)(b), 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: *Ronald Jones* Ronald Jones, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: *4/12/99* Daytime Phone #: *407-260-2369*

CPR001 (12/98)