

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 23 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K65695**

1. Corporation Name

J.A. SON'S CONSTRUCTION INC.

2. Principal Office Address

5002 SW. MARKEL ST.

Suite, Apt. #, etc.

City & State

PALM CITY, FLA.

Zip

34990

Country

MARTIN

3. Mailing Office Address

5002 SW. MARKEL ST.

Suite, Apt. #, etc.

City & State

PALM CITY, FLA.

Zip

34990

Country

MARTIN

REINSTATEMENT

95-01

4. Date Incorporated or Qualified
to Do Business in Florida

MARCH 22 89

5. FEI Number

65-0117128

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

RAYMOND J. KLING

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

5002 S.W. MARKEL ST.

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

300003801843--5
-03/06/01--D1031--008
***150.00 ***150.00

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

Raymond J. Kling

REGISTERED AGENT MUST SIGN

Date **2-5-01**

LS

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
P	RAYMOND J. KLING	5002 SW. MARKEL ST.	PALM CITY, FLA 34990
S	RAYMOND J. KLING	" " "	" " "
C	RAYMOND J. KLING	" " "	" " "

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-03/06/01--D1031--009
***1500.00 ***1500.00

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:

Raymond J. Kling

RAYMOND J. KLING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-5-01**

561-201-6163

Daytime Phone #

CR2E081 (9/00)