

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT -9 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K72949

1. Corporation Name

J&D Marine Constr. Inc.

Principal Place of Business

5358 Losco Rd
Jax FL
32257

Mailing Address

5358 Losco Rd
Jax FL
32257

REINSTATEMENT 94-03

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. FET Number

Applied For

City & State

City & State

57-2938634

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

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
President	John S. Drury	5358 Losco Rd Jax FL 32257	JAX FL 32257
Treasurer			
V.P.			
Sec.	Linnée Lanette Drury	5358 Losco Rd JAX FL 32257	JAX FL 32257

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08/14/03--01005--015 **2100.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

John J. Drury (LANETTE) 5358 LOSCO RD. JACKSONVILLE, FL 32257	Name JOHN J. DRURY Street Address (P.O. Box Number is Not Acceptable) 5358 LOSCO ROAD Suite, Apt. #, Etc. City JACKSONVILLE State FL Zip Code 32257
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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

8/12/03

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)(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

Date

Daytime Phone #

8/12/03 904-268-7519