

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 18 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K 86831

1. Corporation Name

JB & SONS INC  
4188 N ST. RD 7  
LAUDERDALE LAKE, FL 33319

Principal Place of Business

Mailing Address

4188 N ST. RD 7  
LAUDERDALE LAKE FL  
33319

4188 N ST. RD 7  
LAUDERDALE LAKE  
FLORIDA 33319

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

Applied For

City & State

City & State

65-0121228

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers)<br>3 | City / State / Zip<br>4   |
|---------------|---|--|---|
| PRES          | JAMES BUENING                             | 10670 SW 26TH CT   | DAVIE, FL 33328   |
| SECT          | SHARI BUENING                             | 10670 SW 26TH CT   | DAVIE FL 33328  |
|               |   |  | 200003103492--7<br>-01/20/00--01005--003<br>****300.00 ****300.00 |
|               |   |  |   |
|               |   |  |   |
|               |   |  | 99-00 AR 1 TS   |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAMES BUENING  
4188 N ST. RD 7  
LAUDERDALE LAKE FL  
33319

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 1/12/00

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES BUENING

1/12/00

Daytime Phone #

954 677-8080