## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K92366

1. Corporation Name

JALIS CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

724 N.E. 71ST STREET BOCA RATON FL 33487 724 N.E. 71ST STREET BOCA RATON FL 33487



01 OCT 15 AM 10: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect  2. New Principal Office Address, If Applicable  3. New Mai				nformation and enter correction below. ing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     Ocio414000			
Suite, Apt. #, etc. Su				Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State	9		City & State			65-0134718 Not Ap			Not Applicable	
Zip Country		Zip		Country		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirements for a Certificate of State				
7. Names a	and Street Add	dresses of Each Officer an	d/or Director (Flo	rida nonprof	it corporations mus	it list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo						
DP	RINDLER, RONALD			724 N E 71ST ST.			***	BOCA RATON FL 33487		
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8. Name and Address of Current Registered Agent								Address of New Registere	 ed Agent	
						Name				
RINDLER, RONALD						Street Address (P.O. Box Number is Not Acceptable)				
724 NE 71ST, STREET BOCA RATON FL 33487					Suite, Apt. #, Etc.					
			City	City State Zip Code						
10. I, being	appointed the	e registered agent of the at	ove named corpo	oration, am f	amiliar with and ac	cept the o	bligations of Secti		<del></del> .	
Signature o Registered		<u> </u>	REGISTERED AG	QUEST MUST	QUIRI sign			Date	r l ôt	
								pter 607 or 617, F.S. I furth of section 607.0401 or 617		

f. 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

10/15/01 5619977602

Daytime Phone #

CR2E040 (8/1