

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

J&M Construction & Wrecking, Inc

2. Principal Office Address

10750 New Kings Road

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32219

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-04

700030723227
03/18/04--01033--019 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida 8-01-1988

5. FEI Number
59-2916756

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

Joe E. Martin

Street Address (P.O. Box Number is Not Acceptable)
10750 New Kings Rd

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code
32219

300029300809
02/24/04--01031--014 **750.00

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

Joe Martin

REGISTERED AGENT MUST SIGN

Date 02-17-2004

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	Joe Martin	10750 New Kings Rd	Jacksonville, FL 32219

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:

Joe Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-2004

Date

904-764-8841

Daytime Phone #

FILED

04 MAR 18 AM 8:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA