


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M91808		
1. Entity Name J & M CONSTRUCTION AND WRECKING, INCORPORATED		

FILED

07 FEB -8 PM 2:26

Principal Place of Business 10750 NEW KINGS ROAD JACKSONVILLE, FL 32219	Mailing Address 10750 NEW KINGS ROAD JACKSONVILLE, FL 32219
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT
06-07

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



11/15/06 01019 002 \$ 758.75
02052007 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent MARTIN, JOE E. 10750 NEW KINGS ROAD JACKSONVILLE, FL 32219	
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7. Name and Address of New Registered Agent	
Name	Bonnie Martin
Street Address (P.O. Box Number is Not Acceptable)	
10750 New Kings Rd.	
City	Jacksonville, FL 32219

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* **Joe E. Martin** DATE: **2-5-07**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	MARTIN, JOE
STREET ADDRESS	10750 NEW KINGS RD.
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	ST <input type="checkbox"/> Delete
NAME	MARTIN, BONNIE
STREET ADDRESS	10750 NEW KINGS RD
CITY - ST - ZIP	JACKSONVILLE, FL 32219
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000089582250
STREET ADDRESS	02/27/07--01017--028
CITY - ST - ZIP	**158.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>[Signature]</i> Bonnie Martin Secy & Pres.	Date: 2-5-07	Daytime Phone #: 904-764-8841
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