


2007 FOR PROFIT CORPORATION REINSTATEMENT

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

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	Zip	Country
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4. FEI Number 59-2916756	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MARTIN, JOE E. 10750 NEW KINGS ROAD JACKSONVILLE, FL 32219	7. Name and Address of New Registered Agent Name <u>Bonnie Martin</u> Street Address (P.O. Box Number is Not Acceptable) <u>10750 New Kings Rd.</u> City <u>Jacksonville</u> FL Zip Code <u>32219</u>
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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: *Joe E. Martin* Joe E. Martin 2-5-07
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JOE	NAME	
STREET ADDRESS	10750 NEW KINGS RD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, BONNIE	NAME	000089582250
STREET ADDRESS	10750 NEW KINGS RD	STREET ADDRESS	02/27/07--01017--028 **158.75
CITY-ST-ZIP	JACKSONVILLE, FL 32219	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Bonnie Martin Sec & Pres.* 2-5-07 904-764-8841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #