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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

06 SEP 14 PH 2:03

DOCUMENT #

P00000044067

1. Corporation Name

CJR CONSTRUCTION INC

2. Principal Office Address

6000 SW 104 ST

Suite, Apt. #, etc.

3. Mailing Office Address

6000 SW 104 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33156

Country

US

Zip

33156

Country

US

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5/02/2000

5. FEI Number

651005618

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

Carl Rossetti

Street Address (P.O. Box Number is Not Acceptable)

6000 SW 104 ST

Suite, Apt. #, Etc.

City

MIAMI

State FL

Zip Code

33156

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

Carl Rossetti

REGISTERED AGENT MUST SIGN

Date

Sept 7, 06

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	Carl Rossetti	6000 SW 104 ST	MIAMI, FL 33156
T	" "	" "	" "
S	" "	" "	" "
D	" "	" "	" "
C	" "	" "	" "

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 contained in Chapter 119, 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:

CARL Rossetti / Carl Rossetti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 6/06

Date

305

666 1537

Daytime Phone #

2 of 2

To whom it may concern:

I'm writing in the attempts to be exempt of waving the reinstatement fee for the corporation CJR construction. I can honestly say that I do not recall ever seeing anything remotely resembling a bill for my annual report. I've been disabled for the last twelve years and I have my mail screened for "junk mail" tossing any and all second and third class mail.. Again I can honestly say I do not recall every seeing above notice. Perhaps after you sent one for the year of 94 it may have been only sent once. Do you keep sending out the notice after the first attempt? In all honestly the extra amount of \$ 600 is more then half my monthly disability check. I am not doing any business under that name at this time and I do hope once I get my feet back on the ground to continue working to keep my mind and body fit. If you feel I still owe the \$600 I will do my best to get it to you. I'm sending you the fee for the three years from 94. Please let me know what to look for in the future. In what form does your notice arrive in and what month of the year is it sent out? Thank you so very much. SincerelyCarl Rossetti....

