

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAY 28 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000065994

1. Corporation Name

Job Site Charters, Inc.

2. Principal Office Address

17935 U.S.Hwy 19

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson, Fl.

City & State

Zip

34667

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/10/00

5. FEI Number

59-3664201

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

Judith Z. Healy

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

9054 Eldridge Road

Suite, Apt. #, Etc.

City

Spring Hill,

State

FL

Zip Code

34608

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

Judith Z. Healy
REGISTERED AGENT MUST SIGN

Date 4/29/02

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/D	Daniel R. Schmitt	17935 U.S.Hwy 19	Hudson, Fl. 34667
S/T/D	Judith Z. Healy	9054 Eldridge Road	Spring Hill, Fl 34608
		201.25-AR	
		10.00-ARARTS	
		88.75-ARsupp	
		8.75-Cert	

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:

Judith Z. Healy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH Z
HEALY

4/29/02 727 868-9531

Date

Daytime Phone #

CR2E081 (9/01)