


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR 29 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000073284

1. Corporation Name

J.U. Construction, Inc.

12734

2. Principal Office Address - No P.O. Box #
10214 Johnna Kay Court

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32220

Country

USA

Zip

Country

800171869198
03/11/10--01025--008 **600.00

REINSTATEMENT 07-10

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
52-2262656

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
Jason Urian

Street Address (P.O. Box Number is Not Acceptable)
10214 Johnna Kay Court

Suite, Apt. #, Etc.

City
Jacksonville, FL

State Zip Code
FL 32220

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Jason Urian
REGISTERED AGENT MUST SIGN

Date *2/23/2010*

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	Jason Urian	10214 Johnna Kay Ct	Jax., FL 32220
	<i>3/30</i>		

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Jason Urian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/10 *904-210-0858*
Date Daytime Phone #