

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000101136**

1. Corporation Name

JAB CONSTRUCTION SERVICES, INC.

2. Principal Office Address - No P.O. Box #
7007 S. ALOYSIA AVENUE

Suite, Apt. #, etc.

City & State
FLORAL CITY, FL

Zip
34436

Country
USA

3. Mailing Office Address
7007 S. ALOYSIA AVENUE

Suite, Apt. #, etc.

City & State
FLORAL CITY, FL

Zip
34436

Country
USA

REINSTATEMENT

02-07

W07000023354

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/2000

5. FEI Number
59-3678575

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
ELIZABETH G. BOURLON, P.A.

Street Address (P.O. Box Number is Not Acceptable)
262 4TH AVENUE NORTH

Suite, Apt. #, Etc.

City
ST. PETERSBURG

State
FL

Zip Code
33701

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

30010445500

05/19/07-01008-008 \$1500.00

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
PVST	JENNIFER BECKNER	7007 S. ALOYSIA AVENUE	FLORAL CITY, FL 34436

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

4/29/07 (352) 726-1064

FILED

07 MAY 23 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA