

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 APR 15 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000107042

1. Corporation Name

R.L. JONES Construction Company, Inc.

2. Principal Office Address

809 PALMER Road

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

33801

Country

Polk

3. Mailing Office Address

809 PALMER Road

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

33801

Country

Polk

**REINSTATEMENT 01-02**

4. Date Incorporated or Qualified  
To Do Business in Florida

11-14-2000

5. FEI Number

59-3681918

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

R.L. JONES

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

809 PALMER Road

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33801

900005338649-7

-04/25/02--01006--02

\*\*\*\*900.00 \*\*\*\*900.00

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

X *R.L. Jones*

REGISTERED AGENT MUST SIGN

Date 4/13/02

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, S, T	R.L. JONES	809 PALMER Road	LAKELAND, FL 33801
V. i	Bobbie JONES	8505 S Race Track Road	Tampa, FL 33635

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: X

*R.L. Jones*

Ronnie L. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/02

Date

(813) 478-5636

Daytime Phone #