

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 17 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013810

1. Corporation Name

JJA INSTALLERS, INC.

2. Principal Office Address

1112 MICHIGAN BLVD.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

City & State

Zip
34698

Country
USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/2001

5. FEI Number

593699006

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 MACCARONI

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

1112 MICHIGAN BLVD.

Suite, Apt. #, Etc.

City

DUNEDIN

State
FL

Zip Code
34698

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 Macaroni
REGISTERED AGENT MUST SIGN

Date 07/11/2006

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/T	JASON MACCARONI	1112 MICHIGAN BLVD.	DUNEDIN, FL 34698
VP/S	ANTOINETTE MACCARONI	1112 MICHIGAN BLVD.	DUNEDIN, FL 34698

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JASON MACCARONI, PRESIDENT 07/11/2006

Date

(727)644-8331

Daytime Phone #