

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 MAY 21 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 01000015404**

1. Corporation Name

**THE JALAN CONSTRUCTION
GROUP, INC.**

2. Principal Office Address - No P.O. Box #

9561 WEST HEATHER LANE

Suite, Apt. #, etc.

N/A

City & State

MIRAMAN, FLA.

Zip

33025

Country

U.S.

3. Mailing Office Address

P.O. BOX #278451

Suite, Apt. #, etc.

N/A

City & State

MIRAMAN, FLA.

Zip

33025

Country

U.S.

CR2E081 (11/10)

**SEE
ATTACHED**

4. Date incorporated or Qualified
To Do Business in Florida

FEB. 9, 2001

5. FEI Number **SEE ATTACHED**

65-1078241

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES -

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHERYL LYNN FIELDS

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

9561 WEST HEATHER LANE

Suite, Apt. #, etc.

N/A

City

MIRAMAN

State

FL

Zip Code

33025

000248103430

05/21/13--01003--002 **1958.75

**1 Add'l funds
includes.**

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

Cheryl Lynn Fields

REGISTERED AGENT MUST SIGN

Date **May 15, 2013**

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
Sec./ Treasurer	Cheryl Lynn Fields	9561 West Heather Lane	Miraman, Fl. 33025

REINSTATEMENT

MAY 21 2013

T. SCOTT

10. E-mail Address: **CherylLynnFields@hotmail.com**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Cheryl L. Fields

Cheryl Lynn Fields

Date

5/15/13

Daytime Phone #

954-232-2862