

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY -6 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000029016

1. Corporation Name

**Jimmy, Jimmy, Jimmy & Michael
Construction Consultants INC.**

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

511 Dorothy Circle

Suite, Apt. #, etc.

City & State

Eustis, Florida

Zip

32726

Country

U.S.

3. Mailing Office Address

511 Dorothy Circle

Suite, Apt. #, etc.

City & State

Eustis, Florida

Zip

32726

Country

U.S.

400128568824
REINSTATEMENT
CR2E081 (12/07) 06-08

4. Date Incorporated or Qualified
To Do Business in Florida March 16, 2001

5. FEI Number
59-3711006

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

☐ 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.

7. Name and Address of Current Registered Agent

Name

Jimmy Lopez Jr.

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

511 Dorothy Circle

Suite, Apt. #, Etc.

City

Eustis

State

FL

Zip Code

32726

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

Jimmy Lopez Jr.
REGISTERED AGENT MUST SIGN

Date May 1, 2008

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
C.E.O.	Jimmy Lopez	511 Dorothy Circle	Eustis, Florida 32726
Secretary	Rose Lopez	511 Dorothy Circle	Eustis, Florida 32726
Treasure	Jimmy Lopez Jr.	511 Dorothy Circle	Eustis, Florida 32726

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: Jimmy Lopez Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2008

Date

352-357-0006

Daytime Phone #

B. Mitchell MAY 6 2008