

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 NOV 10 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000057918**

1. Corporation Name

Jon Hagedorn Construction, Inc.

2. Principal Office Address

6130 24th Ave NW

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34119

Country

USA

3. Mailing Office Address

6130 24th Ave NW

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34119

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/12/2001

5. FEI Number

59-3724555

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

Jon P. Hagedorn

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

6130 24th Ave NW

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34119

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

Jonathan P. Hagedorn

Date

REGISTERED AGENT MUST SIGN

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
Pres.	Jon P. Hagedorn	6130 24th Ave NW	Naples FL 34119

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:

Jonathan P. Hagedorn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/03

Date

239-825-2084

Daytime Phone #

CR2081 (10/02)

Jon Hagedorn Construction, Inc.

6130 24th Ave. N.W.,
Naples, Florida 34119
Tel: (239) 596-2795

November 7, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

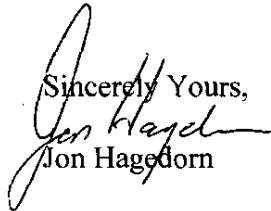
Re: John Hagedorn Construction, Inc.
H01000072809

To Whom It May Concern:

Enclosed please find the 2003 UBR for the above corporation. We did not receive the initial form and therefore were unable to file timely. Kindly reinstate the corporation and waive the penalty as the reason for late file was non-receipt of the form.

Thank you for your cooperation in the matter.

Sincerely Yours,



Jon Hagedorn