

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 14 AM 8:00

DOCUMENT # P01000062117

1. Corporation Name

JLG D'CONSTRUCTION, CORP.

Principal Place of Business

7186 W 30 AVE
HIALEAH FL 33018

Mailing Address

7186 W 30 AVE
HIALEAH FL 33018



REINSTATEMENT

03 MR

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

16061 SW 104 Terr
Suite, Apt. #, etc. OAKWOOD

City & State MIAMI FL 33196

Zip 33196 Country USA

3. New Mailing Office Address, If Applicable

9921 NW 80 AV # W1
Suite, Apt. #, etc. #W1

City & State HIALEAH GARDENS

Zip 33016 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/2001

5. FEI Number

65-1114827

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	FERNANDEZ, JORGE	15324 SW 72 ST BUILDING 12 APT 2	MIAMI FL 33193

900024917869
11/21/03--01015--020 **150.00

8. Name and Address of Current Registered Agent

JORGE, FERNANDEZ
7186 30 AVE
HIALEAH FL 33018

9. Name and Address of New Registered Agent

Name

JORGE L. FERNANDEZ

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

16061 SW 104 Terr

Suite, Apt. #, Etc.

OAKWOOD

City

MIAMI

State

FL

Zip Code

33196

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-9-03

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., 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-9-03

Daytime Phone #

CH2E040 (7/03)