

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000068900

1. Corporation Name

C AND J BUILDERS, INCORPORATED

Principal Place of Business

11318 DISTRIBUTION AVE. W.
SUITE #4
JACKSONVILLE FL 32256

Mailing Address

11318 DISTRIBUTION AVE. W.
SUITE #4
JACKSONVILLE FL 32256

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/2001

5. FEI Number

59-3732304

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
PD	ALLTOP, CAREY	10415 DOCKSIDER DR. EAST	JACKSONVILLE FL 32257
VD	PIEMONTE, JOHN	P. O. BOX 18623	ATLANTA GA 31126

8. Name and Address of Current Registered Agent

ALLTOP, CAREY
10415 DOCKSIDER DR. EAST
JACKSONVILLE FL 32257-6327

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

11/12/02

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

Daytime Phone #

11/12/02

CR2040 (8/02)

November 12, 2002

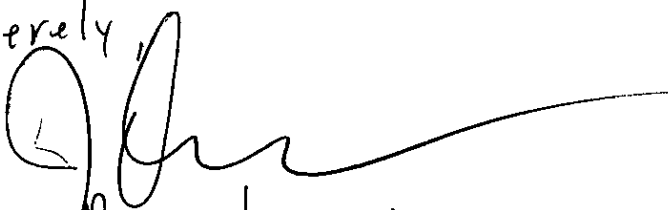
Division of Corporations
Annual Report / Restatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

We have recently received our first notice that C! S Builders has been dissolved in the state of Florida as an active corporation.

Once again, this is the first notice we have received regarding this status. I have enclosed a \$150 check to reinstate the Corporation.

Sincerely,


John Piemonte, VD