

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

03 DEC -4 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 03



900024504369  
11/07/03--01021--024 \*\*150.00

**DOCUMENT # P01000082985**

1. Corporation Name

**SJD CONSTRUCTION, INC.**

Principal Place of Business

Mailing Address

6041 CHAPMAN CIR  
PENSACOLA FL 32504

PO DRAWER 1210  
FOLEY AL 36536

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/20/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

63-1282455

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	DIBELLA, SALVATORE	6041 CHAPMAN CIR	PENSACOLA FL 32504
VD	DIBELLA, JOSEPH	6041 CHAPMAN CIR	PENSACOLA FL 32504
SD	DIBELLA, MADDALENA	6041 CHAPMAN CIR	PENSACOLA FL 32504
TD	DIBELLA, PIETRO	6041 CHAPMAN CIR	PENSACOLA FL 32504

900024504369  
12/03/03--01070--013 \*\*600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIBELLA, JOSEPH.  
4513 PIPER GLEN DR.  
PENSACOLA FL 32514

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]*  
REGISTERED AGENT MUST SIGN

Date

10/12/03

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/03  
Date

951-712-4183  
Daytime Phone #

CR2E040 (7/03)