

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 20 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

901000100119

1. Corporation Name

J.A.M. CONSTRUCTION Enterprises, Inc.

200025081562
11/26/03--01065--015 **150.00

2. Principal Office Address

14286-19 BEACH BLVD.

Suite, Apt. #, etc.

381

3. Mailing Office Address

14286-19 BEACH BLVD.

Suite, Apt. #, etc.

381

City & State

Jacksonville, FL.

City & State

Jacksonville, FL.

Zip

Country

32258

U.S.A.

Zip

Country

32258

U.S.A.

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/2001

5. FEI Number

59-375648

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

SPIEGEL & UTRERA, P.A.

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

1840 SW 22ND ST.

Suite, Apt. #, Etc.

4th Floor

City

MIAMI

State
FL

Zip Code
33145

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

[Signature]

Date

11/19/03

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	JESSICA A. MACOLA	1518 6th Ave. N.	Jax Beach FL 32258
V	JOHN P. MACOLA	1518 6th Ave. N.	Jax Beach, FL 32258

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:

JESSICA A. MACOLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-03

Date

904 249 8433

Daytime Phone #

J.A.M. Construction Enterprises, Inc.
14286-19 Beach Blvd., #381
Jacksonville, FL 32250


Wednesday, October 29th 2003

To whom it may concern,

the reinstatement fee is waived, because the Corporation (J.A.M. Construction Enterprises, Inc.) did not receive the two prior UBR forms/notices. Due to a mailing address misunderstanding/problem.

I've included the current and correct addresses for this Corporation in the reinstatement application.

Thank you


Jessica A. Macola, PSTD

STATE OF FLORIDA

County of Duval

Sworn to and Subscribed Before Me

This 18th Day of November 2003

PERSONALLY KNOWN X

OR PROVIDED I.D. _____

TYPE OF I.D. _____

