

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 21 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000037803

1. Corporation Name

JACO CONSTRUCTION OF ORLANDO, INC

2. Principal Office Address

3775 HAMMONDS
Suite, Apt. #, etc.
FERRY COURT

3. Mailing Office Address

3775 HAMMONDS FERRY CT
Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32766

Country

Zip

32766

Country

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

5. FEI Number

77-0590780

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

IRENE DE LA CRUZ

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

3775 HAMMONDS FERRY COURT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32766

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

X *[Signature]*

REGISTERED AGENT MUST SIGN

Date 03/16/05

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
P.	MIGUEL JACO	3775 HAMMONDS FERRY CT	ORLANDO, FL 32766
V	IRENE DE LA CRUZ	3775 HAMMONDS FERRY CT	ORLANDO, FL 32766
			100049930271 04/05/05--01082--013 **300.00
			REINSTATEMENT 04-05

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/05

Date

Daytime Phone #

CR2E081 (01/05)

JACO CONSTRUCTION OF ORLANDO, INC.
P02000037803

MARCH 16, 2005

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE WAIVE THE PENALTY AND REINSTATE MY CORPORATION BECAUSE I NEVER
RECEIVED THE ANNUAL REPORT
I AM ENCLOSING A CHECK FOR \$300.00

THANK YOU FOR YOU ATTENTION,



MIGUEL JACO- PRESIDENT