

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 NOV 25 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000042754**

1. Corporation Name

**JARVIS CONSTRUCTION CO.**

Principal Place of Business

Mailing Address

1912 24TH AVENUE WEST  
PALMETTO FL 34221

1912 24TH AVENUE WEST  
PALMETTO FL 34221



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/19/2002

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
J P	JARVIS, JOEL H	1912 24TH AVENUE WEST	PALMETTO FL 34221
V	Jones, Anthony J.	8207 Lime tree way	Ellenton, FL 34222

400025001694  
11/25/03--01006--005 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FELDMAN, MARC H  
3908 26TH STREET WEST  
BRADENTON FL 34205

Name

JOEL H. JARVIS

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

1912 24 AVE W

Suite, Apt. #, Etc.

City

PALMETTO

State

FL

Zip Code

34221

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

REGISTERED AGENT MUST SIGN

Date

11/20/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/03

Daytime Phone #

CR2E040 (7/03)