

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -1 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO 20000 43125

1. Corporation Name

J+J Construction Plus, INC.

2. Principal Office Address

4248 IDA COON Circle

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Niceville, FL

City & State

Zip

Country

Zip

Country

32578

US.

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

4/15/02

5. FEI Number

75-3052118

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

JOSEPH W. YON

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

4248 IDA COON CIRCLE

Suite, Apt. #, Etc.

300025127853

12/01/03 01073 001 **750 00

City

NICEVILLE

State

FL

Zip Code

32578

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

Joseph W. Yon

REGISTERED AGENT MUST SIGN

Date 11/24/03

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	Joseph Yon	4248 Idaloon Circle	Niceville FL 32578
VP	Jacob Harrison	2489 Long Road	DeFuniak Spgs FL 32433
Treas			

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:

Joseph W. Yon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph W. Yon

Date

11/24/03

Daytime Phone #

850 337-3234

CR2E081 (10/02)