

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 15 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000091805

1. Corporation Name

BLUE SKY JAX CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

2966 ROSSELLE ST.
JACKSONVILLE FL 32205

2966 ROSSELLE ST.
JACKSONVILLE FL 32205

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

08/22/2002

5. FEI Number

74-3059410

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
MDVP	RODRIGUEZ, LIBERTAD	2966 ROSSELLE ST.	JACKSONVILLE FL 32205
MD PD	PIZARRO, FABIAN A	2966 ROSSELLE ST.	JACKSONVILLE FL 32205
MD	RODRIGUEZ, ABEL	10031 ASHBURNE TRAIL	JACKSONVILLE FL 32225

300024805123
11/18/03--01055--007 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, LIBERTAD
2966 ROSSELLE ST.
JACKSONVILLE FL 32205

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

REGISTERED AGENT MUST SIGN

Date

11/03/03

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

Daytime Phone #

11/03/03 (904) 251-5938

CR2E040 (7/03)

December, the 10th, 2003

To: Florida Department of State

Reference Number: P02000091805

Blue Sky Jax Construction, Inc.

I called to the Reinstatement Department to waiver the fee, because we did not receive the annual report application. The representative I spoke with, talked me that I only had to send the application for reinstatement with the amount of \$150.00 plus \$8.75, if we need a certificate copy. I received it back because I did not send this letter, so please could you accept this, and avoid the fee?. Thank you.



Libertad Rodriguez
Agent