

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 30 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P030000 78090
1. Corporation Name LEE and Lee's CONSTRUCTION INC

400180065734
05/03/10--01016--011 **150.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # <u>708 SW 3rd st.</u>		3. Mailing Office Address <u>P.O. Box 514</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Jasper Fla</u>		City & State <u>Jasper Fla.</u>	
Zip <u>32052</u>	Country	Zip	Country

4. Date incorporated or Qualified To Do Business in Florida		Applied For
5. FEI Number <u>38-3663008</u>		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name James Oscar Lee SR.

Street Address (P.O. Box Number is Not Acceptable)
708 SW 3rd st

Suite, Apt. #, Etc.

City Jasper Fla. State FL Zip Code

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 James O. Lee Jr. Date _____

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
<u>P</u>	<u>James oscar Lee SR.</u>	<u>708 SW 3rd st.</u>	<u>Jasper Fla. 32052</u>

10. E-mail Address: _____
(To be used for future annual report notification)

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. I further certify, 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: James O. Lee Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____