


2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000016036					
1. Entity Name BILL JOYCE CONSTRUCTION, INC.					
Principal Place of Business 3223 BLACK GOLD TRAIL TALLAHASSEE, FL 32309			Mailing Address 3223 BLACK GOLD TRAIL TALLAHASSEE, FL 32309		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0497213	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUNTER, CURTIS B 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name <u>William A Joyce Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3223 Black Gold Tr</u> City <u>Tallahassee</u> FL Zip Code <u>32309</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>[Signature]</u> DATE <u>9/14/12</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST JOYCE, WILLIAM A 3223 BLACK GOLD TRAIL TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <u>9/14/12</u> <u>billjoyceconstruction@comcast.net</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS</small>					

FILED
SEP 14 AM 11:06
TALLAHASSEE, FLORIDA



09142012 REIN-P CR2E098 (12/11)

4. FEI Number 51-0497213 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name William A Joyce Jr.
Street Address (P.O. Box Number is Not Acceptable)
3223 Black Gold Tr
City Tallahassee FL Zip Code 32309

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SIGNATURE: [Signature] 9/14/12 billjoyceconstruction@comcast.net
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS

billjoyceconstruction@comcast.net