


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
06 MAY 16 AM 9:30

DOCUMENT # POS000021475

1. Corporation Name

NORTH JAX BUILDERS
5724 CLEVELAND RD
JACKSONVILLE FL 32209-2850649

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32209

Country

US

Zip

32209

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

2/17/05

5. FEI Number

03-0554793

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

REGINAL TRIBUNE

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

5764 CLEVELAND RD.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

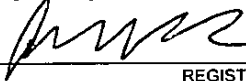
FL

Zip Code

32209

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



REGISTERED AGENT MUST SIGN

Date 5-10-06

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	Reginald E. TRIBUNE	5764 CLEVELAND RD	JACKSONVILLE FL 32209
Vice Pres.	ZHAN BENNETT	5764 CLEVELAND RD	JACKSONVILLE FL 32209

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 contained in Chapter 119, 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:

 PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-31-06

Daytime Phone #