

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000042077

1. Entity Name
J. REYES CONSTRUCTION INC.



FILED

07 JUN -1 PM 4:09

Principal Place of Business
**3153 E CHESTNUT
CRESTVIEW, FL 32539**

Mailing Address
**3153 E CHESTNUT
CRESTVIEW, FL 32539**

2. Principal Place of Business - No P.O. Box #
3153 E Chestnut Ave

3. Mailing Address
3153 E Chestnut Ave

Suite, Apt. #, etc.

REINSTATEMENT **06-07**

3/16/07 90141 001 \$50.00

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05212007 REIN-P CR2E098 (1/07)

City & State
CRESTVIEW FL

City & State
CRESTVIEW FL

Zip
32539

Country
OKALOOSA

Zip
32539

Country
OKALOOSA

4. FEI Number
20-2538782

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FANELLA, NICHOLAS R
434 TANGLEWOOD DRIVE
FORT WALTON BEACH, FL 32547**

7. Name and Address of New Registered Agent

Name **Nicholas R. Fanella**

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

City **Fort Walton Beach** FL Zip Code **32547**

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 **Nicholas R. Fanella** DATE **5/29/07**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYES, ANASTACIO M 3153 E CHESTNUT CRESTVIEW, FL 32539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5/6/6 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYES, CHARLENE 3153 E CHESTNUT CRESTVIEW, FL 32539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300104256083 05/12/07--01011--006 **208.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARR, PRESTON 3153 E CHESTNUT CRESTVIEW, FL 32539 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, JETSON 3153 E CHESTNUT CRESTVIEW, FL 32539 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Charlene Reyes** DATE **5/29/07** DAYTIME PHONE # **850-398-5710**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR