

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUN -3 P 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000054876

1. Corporation Name

CJ'S GENERAL CONTRACTING INC.

2. Principal Office Address - No P.O. Box #

1239 WAFFLE ST.

3. Mailing Office Address

1239 WAFFLE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BAY, FLORIDA

City & State

PALM BAY, FLORIDA

Zip

32909

Country

US

Zip

32909

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida

APRIL, 13, 2005

5. FEI Number

20-2684910

☐ 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

CLIFFORD PEARSON

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

561 DREAM AVE. SE

Suite, Apt. #, Etc.

City

PALM BAY

State

FL

Zip Code

32909

☐ 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

Cliff Pearson

REGISTERED AGENT MUST SIGN

Date **MAY 27, 2009**

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
P/T	CLIFFORD PEARSON	561 DREAM AVE SE	PALM BAY FL, 32909
S	SHAREN BUNCHE	561 DREAM AVE SE	PALM BAY FL, 32909

REINSTATEMENT

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:

Cliff Pearson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLIFFORD PEARSON

MAY 27, 2009

Date

321-544-1268

Daytime Phone #