

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000113136

1. Corporation Name

JACOBSON CONSTRUCTION COMPANY
OF NE FLORIDA, INC

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

1128 S. ORCHARD RD

Suite, Apt. #, etc.

City & State

VINELAND NJ

Zip

08360

Country

CUMB

3. Mailing Office Address

1128 S. ORCHARD RD

Suite, Apt. #, etc.

City & State

VINELAND NJ

Zip

08360

Country

USA

REINSTATEMENT 06-09

CR2E081 (12/08)

FILED

09 FEB 25 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/15/2005

5. FEI Number

20-3797070

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

7. Name and Address of Current Registered Agent

Name

WESLEY R POOLE ATTY

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

303 CENTRE ST

Suite, Apt. #, Etc.

SUITE 200 ALLAN BUILDING

City

FERNANDINA BEACH

State

FL

Zip Code

32034

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

Wesley R Poole

REGISTERED AGENT MUST SIGN

Date 2/23/09

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>KENNETH JACOBSON</u>	<u>1128 S. ORCHARD RD</u>	<u>VINELAND NJ</u>
	<u>12/26</u>		

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02/25/09--01027--023 **608.75

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:

Kenneth Jacobson KENNETH JACOBSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/19/09 609-774-2644

Daytime Phone #