

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000124084					
1. Entity Name OJ CONSTRUCTION SERVICES, INC.					
Principal Place of Business 1527 ORCHARD PARK CIRCLE RUSKIN, FL 33570			Mailing Address 1527 ORCHARD PARK CIRCLE RUSKIN, FL 33570		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3450606	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JUAREZ, OSCAR 1527 ORCHARD PARK CIRCLE RUSKIN, FL 33570			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title is applicable.</small>			DATE <i>5-22-07</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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	DPST JUAREZ, OSCAR 1527 ORCHARD PARK CIRCLE RUSKIN, FL 33570		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100104101491 06/08/07--01004--014 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>5-22-07</i> <small>Daytime Phone #</small>		

FILED

07 MAY 25 AM 11:46

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



REINSTATEMENT *06-07*
CR2E098 (1/07)