

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000137267

1. Entity Name
J.B. YOUNG BUILDERS, INC.



FILED

06 DEC 18 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12122006 REIN-P CR2E098 (11/05)

Principal Place of Business
5141 LISBON CIRCLE
STUART, FL 34997

Mailing Address
5141 LISBON CIRCLE
STUART, FL 34997

2. Principal Place of Business
721 Buttonwood Lane
Boynton Beach, FL 33436
Country USA

3. Mailing Address
721 Buttonwood Lane
Boynton Beach, FL 33436
Country USA

4. FEI Number
20-3705191

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
KAPP, J. R.
5141 LISBON CIRCLE
STUART, FL 34997

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
721 Buttonwood Lane
City Boynton Beach FL Zip Code 33436

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 *Joseal Kapp* 12-12-06
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$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	DPST	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	KAPP, J. R.		NAME	721 Buttonwood Lane	
STREET ADDRESS	5141 LISBON CIRCLE		STREET ADDRESS	Boynton Beach, FL 33436	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	500082619145	
TITLE		☐ Delete	TITLE	12/18/06--01058--005 **150.00	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Joseal Kapp* 12-12-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

XC 12/19