

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 DEC 13 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000 145 143

1. Corporation Name

A.B. Jones Construction, Inc.

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

800 Woodside Ave.

Suite And # etc.

City & State

Clearwater, FL

33766

USA

3. Principal Office Address

800 Woodside Ave.

Suite And # etc.

City & State

Clearwater, FL

33756

USA

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

10/26/2005

5. 84-1692654

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

Alvin B. Jones

800 Woodside Ave.

Clearwater

State
FL

33756

☒ 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

Alvin Bradley Jones

Date 12-11-07

REGISTERED AGENT MUST SIGN

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
PSTD	Alvin Bradley Jones	800 Woodside Ave.	Clearwater, FL 33756

300113115593
12/13/07-01041-015 **300.00

REINSTATEMENT
06-07

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:

Alvin Bradley Jones

Alvin Bradley Jones

Date

727-443-4245
Daytime Phone #

FLORIDA DEPARTMENT OF STATE
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A.B. JONES CONSTRUCTION, INC.

Filing Information

Document Number P05000145143
FEI Number NONE
Date Filed 10/26/2005
State FL
Status INACTIVE
Last Event ADMIN DISSOLUTION FOR ANNUAL REPORT
Event Date Filed 09/15/2006
Event Effective Date NONE

** Please note change..***Principal Address**800 WOODSIDE AVENUE
CLEARWATER FL 33746** All zip codes are incorrect. **
*the proper zip code is***33756****Mailing Address**800 WOODSIDE AVENUE
CLEARWATER FL 33746*33756**33756***Registered Agent Name & Address**JONES, ALVIN B
800 WOODSIDE AVENUE
CLEARWATER FL 33746*33756***Officer/Director Detail****Name & Address**

Title PSTD

JONES, ALVIN B
800 WOODSIDE AVENUE
CLEARWATER FL 33746*33756***Annual Reports**

No Annual Reports Filed