

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000065990						FILED 07 NOV -8 PM 2:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name JONES BUILDERS OF VERO BEACH, INC.							
Principal Place of Business 4290 46TH LANE VERO BEACH, FL 32967 US				Mailing Address 4290 46TH LANE VERO BEACH, FL 32967 US			
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	
6. Name and Address of Current Registered Agent JONES, CHARLES L 4290 46TH LANE VERO BEACH, FL 32967				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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: <u>Charles Jones</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				4. FEI Number 204848177			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, CHARLES L 4290 46TH LANE VERO BEACH, FL 32967			TITLE NAME STREET ADDRESS CITY-ST-ZIP	700112129517 11/08/07--01053--001		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u>Charles Jones</u> / CHARLIE JONES <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				23 OCT 07 772-559-9213 <small>Date Daytime Phone #</small>			