

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000131753

**FILED**  
**Jul 09, 2012**  
**Secretary of State**

**Entity Name:** JM CONTRACTING GROUP, INC.

**Current Principal Place of Business:**

165 CLEARY RD.  
SUITE B-1  
WEST PALM BEACH, FL 33413

**New Principal Place of Business:**

6113 188 TRAIL NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

165 CLEARY RD.  
SUITE B-1  
WEST PALM BEACH, FL 33413

**New Mailing Address:**

6113 188 TRAIL NORTH  
LOXAHATCHEE, FL 33470

**FEI Number:** 22-3944909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLEMENTS, JOSEPH A  
165 N. CLEARY RD.  
B-1  
WEST PALM BEACH, FL 33413 US

**Name and Address of New Registered Agent:**

CLEMENTS, JOSEPH A  
6113 188 TRAIL NORTH  
LOXAHATCHEE, FL 33470 US

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.

**SIGNATURE:** JOSEPH A CLEMENTS

07/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PTD  
**Name:** CLEMENTS, JOSEPH A  
**Address:** 6113 188 TRAIL NORTH  
**City-St-Zip:** LOXAHATCHEE, FL 33470

**Title:** VSD  
**Name:** CLEMENTS, CINDY  
**Address:** 6113 188 TRAIL NORTH  
**City-St-Zip:** LOXAHATCHEE, FL 33470

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JOSEPH A CLEMENTS

PRES

07/09/2012

Electronic Signature of Signing Officer or Director

Date