

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

01 JUN 19 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P 25749

1. Corporation Name

JACK WEBB CONSTRUCTION COMPANY, INC.

2. Principal Office Address

2921 STAR ROAD

3. Mailing Office Address

2921 STAR ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLORENCE, MS

City & State

FLORENCE, MS

Zip

39073

Country

US

Zip

39073

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

8-22-89

5. FEI Number

64-0538709

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

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State
FL

Zip Code

33324

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

SEE ATTACHMENT

Date

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
PRES	JACK WEBB	2921 STAR ROAD	FLORENCE, MS 39073
VP	KIMBLE L. SHOWS	9 LAMAR SHOWS CIRCLE	SOSO, MS 39480
SEC	SANDRA WEBB	2921 STAR ROAD	FLORENCE, MS 39073

REINSTATEMENT

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 under section 119.07(3)(b), 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:

Jack Webb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06 18 01 601-845-7440

Daytime Phone #

CR2ED01 (9/00)

ACCEPTANCE OF AGENT

C T Corporation System, hereby accepts the appointment as registered agent and office for Jack Webb Construction Company, Inc. in the state of Florida and hereby agrees to comply with the provisions of all statutes relative to the proper and complete performance of duties in this regard and is familiar with and accepts the obligations of the position as registered agent.

Dated: June 15, 2001

C T CORPORATION SYSTEM

A handwritten signature in cursive script, appearing to read "Sean L. Emerick", is written over a horizontal line.

Sean L. Emerick
Assistant Secretary