

APPLICATION
~~FOR~~
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P37336

1. Corporation Name

J.A. JONES CONSTRUCTION SERVICES COMPANY
6135 PARK SOUTH DRIVE, SUITE 325
CHARLOTTE, NC 28210

Principal Place of Business

Mailing Address

6135 PARK SOUTH DRIVE, SUITE 325
CHARLOTTE, NC 28210

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

FEB. 3, 1992

5. FEI Number

62-1047209

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Alfred V. Neffgen - D	6135 Park South Dr., Ste. 325	Charlotte, NC 28210
V.P.	Michael T. Kubal - D	6135 Park South Dr., Ste. 325	Charlotte, NC 28210
V.P.	David H. Schweikert - D	6135 Park South Dr., Ste. 325	Charlotte, NC 28210
Sec./ Treas.	Thomas L. Watkins - D	6135 Park South Dr., Ste. 325	Charlotte, NC 28210

REINSTATEMENT

97-98 10/26/98 B

8. Name and Address of Current Registered Agent

CT Corporation
8751 West Broward Blvd.
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name

C T 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

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/26/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael T. Kubal, Vice President

Date

10/26/98

704 553 6600

Daytime Phone #