

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -2 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000009273

1. Corporation Name

J.S. CONSTRUCTION COMPANY

Principal Place of Business

1010 N.W. 96TH AVENUE
PLANTATION FL 33322

Mailing Address

1010 N.W. 96TH AVENUE
PLANTATION FL 33322



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

~~8456 State Rd 84~~

~~Suite, Apt. #, etc.~~

~~DAVIE, FL 33324~~

~~City & State~~

~~33324 USA~~

3. New Mailing Office Address, If Applicable

~~8456 State Rd 84~~

~~Suite, Apt. #, etc.~~

~~DAVIE, FL~~

~~City & State~~

~~33324 USA~~

4. Date Incorporated or Qualified To Do Business in Florida

12/04/1992

5. FEI Number

65-0375712

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	4 City / State / Zip
PSD	SORDO, JORGE H	1010 N.W. 96TH AVENUE	PLANTATION FL 33322
			400009793734 01/02/03--01090--006 **793.75

8. Name and Address of Current Registered Agent

~~SMOLER, BRUCE J
100 S.E. 2ND STREET., STE 2620
MIAMI FL 33131~~

9. Name and Address of New Registered Agent

Name: Jorge H. Sordo
Street Address (P.O. Box Number is Not Acceptable): 1010 NW 96th Avenue
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33322

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. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/31/02

11. 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)(i), 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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Jorge H. Sordo Date: 12/31/02 Daytime Phone #: 954-577-8757

CR2E040 (8/02)