

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -1 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000007630**

1. Corporation Name

JHR CONSTRUCTION, INC.

Principal Place of Business

**91 FIRST AVENUE
SHALIMAR FL 32579**

Mailing Address

**91 FIRST AVENUE
SHALIMAR FL 32579**



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/1993

5. FEI Number

59-3165168

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
D	RADFORD, JOHNNY H	91 FIRST AVENUE	SHALIMAR FL 32579

600008752986

11/01/02--01026--023 **150.00

8. Name and Address of Current Registered Agent

**RADFORD, JOHNNY H
91 FIRST AVENUE
SHALIMAR FL 32579**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

N/A

Date

Oct 28 2002

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 28 2002 (250) 651 0557

JHR CONSTRUCTION, INC.

*91 1st Avenue
Shalimar, FL 32579*

850-651-0557 Fax: 850-651-0059

Joanne: (850) 582-6803

JWeb101615@aol.com

October 29, 2002

*Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32324*

*Re: JHR Construction, Inc. 59-3165168 Corporate Filing Fee for the Year
2002*

Gentlemen:

*Please be advised that the 2002 Corporate Report Form for my corporation
was not received; I have just received the package to complete for reinstate-
ment of my corporation.*

*I was very distressed to learn that my business was in this situation; please
check all the prior years of filing and confirm that all were paid timely and
completed accurately.*

*Thank you for accepting this form to reinstate and my check for \$150.
Thank you for your consideration of my circumstances.*

Sincerely,


*Johnny H. Radford
President*

JHR/jww

Enc. Reinstatement Form and Check