FILED

2007 OCT 30 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (1/07)

DOCUMENT # P94000014899

1. Corporation Name
JBS. CONSTRUCTION INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
217 W. Whitney DR.	217 W. Whitney DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JUPITER FL.	City & State: JUPITER FL
Zip: 33458 Country:	Zip: 33458 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 11/2/94

5. FEI Number: 65-0468882 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: MICHAEL KENNEDY

Street Address (P.O. Box Number is Not Acceptable): 515 N. FLAGLER DRIVE

Suite, Apt. #, Etc.: 1900

City: WEST PALM BEACH State: FL Zip Code: 33401

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: _____ REGISTERED AGENT MUST SIGN Date: 10/26/07

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JEROME C OEHBRINK JR	217 W. WHITNEY DR	JUPITER FL 33458
V/S/T	JEROME C OEHBRINK JR	217 W. WHITNEY DR.	JUPITER, FL 33458.

200111146882
10/30/07--01007--006 **300.00

REINSTATEMENT 06-07

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 contained in Chapter 119, 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: _____ 10/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

561 723 4852.
Daytime Phone #

002/002

10/26/2007 15:07 FAX