

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000016723

1 Corporation Name

TRIPLE J CONTRACTING CORP.

Principal Place of Business

5888 SW 17 STREET
MIAMI, FL 33155

Mailing Address

167 GYPSY TRAIL
STERRETT, AL 35147

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

2 New Principal Office Address, If Applicable

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

3-2-94

5 FEI Number

65-0470582

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
D	JUAN C. FERNANDEZ	167 GYPSY TRAIL	STERRETT, AL 35147

REINSTATEMENT 98-99 FTS

8. Name and Address of Current Registered Agent

JUAN C. FERNANDEZ
5888 SW 17 STREET
MIAMI, FL 33155

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

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

7/27/99

11. This corporation owes 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN FERNANDEZ 7/26/99

Date

Daytime Phone

FILED

99 JUL 30 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***900.00 ***900.00