

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 28 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000025444

1. Corporation Name

JOHN & JUNIOR DECK SYSTEMS, INC.

2. Principal Office Address

8431-2 New Kings Road

Suite, Apt. #, etc.

3. Mailing Office Address

8431-2 New Kings Road

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip
32219

Country

Duval

Zip
32219

Country

Duval

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

03/30.1995

5. FEI Number

59-3308146

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kathleen Holbrook Cold

Street Address (P.O. Box Number's Not Acceptable)

One Independent Drive

Suite, Apt. #, Etc.

Suite 2301

City

Jacksonville

State

FL

Zip Code

32202

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

Kathleen Cold

Date

12/27/06

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D / S	Gorman D. Northington, Jr.	8431-2 New Kings Road	Jacksonville, FL 32219
D / P	John J. Reaves, III	8431-2 New Kings Road	Jacksonville, FL 32219

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12/28/06--01025--001 **750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Reaves III

Date

12/18/06

Daytime Phone #

(904) 765-4660