

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 30 AM 10:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000033423

1. Corporation Name

JCA CONTRACTORS INC.

Principal Place of Business

Mailing Address

1345 BIA RRI TZ DRIVE.
MIAMI, FL. 33141

REINSTATEMENT

96a0

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

4/28/95 YEAR: 1995

5. FEI Number

65-0575625

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

XXXXX Additional Fee required
for Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	JULIO AREVALO	1345 BIARRITZ DR. MIAMI, FLA. 33141	Miami, FL. 33141
Secretary	LUZ AREVALO	1345 BIARRITZ DR.	Miami, FL. 33141

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***398.75 ***398.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JULIO AREVALO
1345 BIARRITZ DR.
MIAMI, FL. 33141.

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.

Signature of
Registered Agent

Julio Arevalo

REGISTERED AGENT MUST SIGN

Date 12/26/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 118.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Julio Arevalo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/96 (205) 861-4219

City

Daytime Phone #

CR2E040 (12/95)