

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR **REINSTATEMENT** **FOR 96-97**

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

FILED
 97 AUG 22 AM 8:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95 000043457**

1. Corporation Name **JRS Builders Inc.**
WA700018203

Principal Place of Business **12919 NW US 44**
ALACHUA, FLA 32615

Mailing Address

REINSTATEMENT 96-97

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

2. New Principal Office Address, If Applicable 12919 NW US 44		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida June 6, 1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3327214	
City & State ALACHUA FL.		City & State		Applied For Not Applicable	
Zip 32615	Country USA.	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
Pres	JAMES R ANDERSON	14907 NW 174 Ave #9 Dogwood Acres	ALACHUA, FL. 32615
Sec-Treas	ROY S ANDERSON	6602 NW 164 St.	ALACHUA, FL. 32615
V. Pres	MICHAEL J SALVATORE	12919 NW US 44	ALACHUA FL. 32615

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*****\$915.00 ***\$915.00**

8. Name and Address of Current Registered Agent ROY ANDERSON 3020 No MAIN GAINESVILLE, FLA 32609		9. Name and Address of New Registered Agent Name MICHAEL J SALVATORE Street Address (P.O. Box Number is Not Acceptable) 12919 NW US 44 Suite, Apt. #, Etc. City ALACHUA State FL Zip Code 32615	
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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 **Michael J Salvatore** Date **8-4-97**
 REGISTERED AGENT MUST SIGN

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 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: **Michael Salvatore** **8-4-97** **904-418-1132**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)