

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 10 AM 10:34

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P96000048248*

1. Corporation Name

J&M MATERIALS OR RIVERVIEW, INC.

2. Principal Office Address - No P.O. Box #

6321 MUCK POND RD

Suite, Apt. #, etc.

City & State

SEFFNER FL.

Zip

33584

Country

USA

3. Mailing Office Address

773 W. LUMSDEN RD

Suite, Apt. #, etc.

City & State

BRANDON, FL.

Zip

33511

Country

REINSTATEMENT 06-09ks

4. Date Incorporated or Qualified To Do Business in Florida

6/1/96

5. FEI Number

59-3387607

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

Stella Chale

Street Address (P.O. Box Number is Not Acceptable)

773 W. Lumsden Rd

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

FL

☒ 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

Stella Chale

REGISTERED AGENT MUST SIGN

Date

3/9/09

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
<i>Pres</i>	<i>JIMMY MINGO</i>	<i>6321 MUCK POND RD</i>	<i>SEFFNER, FL. 33584</i>
<i>ST</i>	<i>SYLVIA MINGO</i>	<i>6321 MUCK POND RD</i>	<i>SEFFNER, FL. 33584</i>

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03/11/09--01009--024 **600.00

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

Jimmy Mingo

3-9-09

Date

Daytime Phone #

813-833-6832