PLEASE READ	ALL INSTRU	ICTIONS	BEFORE C	OMPLETI	NG THIS FORM.
APPLICATION FLORIDAD		DEPARTMENT OF STATE			
FOR	Secretary of State			·	
REINSTATEMENT		N OF CORPOR			99 AUG 27 AM 9: 34
DOCUMENT # P97000050578 1. Corporation Name				12	SECRETARY OF STATE
JEL CONTRACTING, INC.					
Principal Place of Business	Malling Address	-			HOL HEL HER KING GERN HILL GERN HING GERN HING GIRE HING HING HING
7919 LAVE WAUNATTA DRIVE WINTER PARK FL 32792	7918 LAKE WAUNATTA DRIVE WINTER PARK FL 32782				
If above addresses are incorrect in any way, line thr 2. New Principal Office Address, If Applicable	ough incorrect inform			REINS	TATEMENT 48-99
232 BOIDLE PATH Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Busin	orated or Qualified less in Florida 06/06/1997	
Çity & State	City & State			5. FEI Number	[[replied Ol
CASSELBRURY, FL	CASSELGEREN, F			6.	3450859 Not Applicable
ZIP 32707 Semmore	ชื่อางา	Country	WINGE	CERTIFICATE	FOF STATUS DESIRED for a Certate ate of Status
7. Names and Street Addresses of Each Officer and/ Name of Officers	or Director (Florida n	Stre	el Address of Each	,	
Title(s) and/or Directors 2	3	Officer and/or Director 3 (Do NOT Use Post Office Box Nu		umbers)	City / State / Zip
				6000029775768 -09/02/9901096007 ****900.00 ****900.00	
Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent	
HICAS IAMES E III				P O Roy Number	<u>8</u>
13736 RIVERPATH GROVE DRIVE			Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32826					
City					State Zip Code FL
10. I, being appointed the registered agent of the abo	ve named corporation	, am familiar wit	h and accept the o	bligations of Secti	_
Signature of Registered Agent Re	GISTERED AGEND	MUST SIGN			Date 2 - 10 - 99
 This corporation owes or he Intangible Personal Propert 			Yes 🗆	No 🏻	(See other side for information on intangible tax.)
	elution has been élimi names of Individuals I	nated, the corpor isled on this form	rate name satisfies n do not qualify for	the requirements an exemption unc	opter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees der section 119.07(3)(I), F.S. The information indicated
SIGNATURE: SIGNATURE AND TYPED OR PR	NTED NAME OF SIGNI	NG OFFICER OR D	HRECTOR	2-1	0-99 (457)671-7269 Date Defiting Phone #