

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**98 DEC 14**  
**REINSTATEMENT**



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

APPROVED  
 AND  
 FILED

98 DEC 14 PM 2:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000093998**

1. Corporation Name

**J.C. TRANSPORT - CONSTRUCTION MATERIALS, INC.**

Principal Place of Business

Mailing Address

261 N.W. 179TH STREET  
 N. MIAMI FL 33169

261 N.W. 179TH STREET  
 N. MIAMI FL 33169

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
 To Do Business in Florida

10/31/1997

5. FEI Number

65-0796732

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
PD	CHECO, LLOYD	261 N.W. 179TH STREET	N. MIAMI FL 33169
VD	CHECO, JUAN	261 N.W. 179TH STREET	N. MIAMI FL 33169

2000002713352--7  
 -12/15/98--01083--002  
 \*\*\*\*150.00 \*\*\*\*150.00

12/14

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHECO, LLOYD  
 261 N.W. 179TH STREET  
 N. MIAMI FL 33169

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

**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
 Intangible Personal Property tax due June 30.

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED00 (\$98)