

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000104151**

1. Corporation Name

J. D. CONTRACTORS, INC.

Principal Place of Business

Mailing Address

1411 JOHN MOORE RD
BRANDON FL 33511

1411 JOHN MOORE RD
BRANDON FL 33511

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

4. Date Incorporated or Qualified
To Do Business In Florida

01/01/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3485186

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
D	MARSHEK, JEFF	1411 JOHN MOORE RD	BRANDON FL 33511
PVST	MARSHEK, JEFF	1411 JOHN MOORE RD	BRANDON FL 33511

400024024654
10/22/03--01069--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARSHEK, JEFF
1411 JOHN MOORE ROAD
BRANDON FL 33511

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Marshek

President 10-16-03

Date

Daytime Phone #



October 16, 2003

Florida Department of State
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327

Dear Sir or Madam:

JD Contractors, Inc. EIN 59-3485186 and Florida corporate document # P97000104151 recently received notice of administrative dissolution.

The taxpayer did not receive the original annual reports because the (at-the-time) long-time live-in girlfriend of Jeff Marshek, the corporate president was upset with him and destroying some of the mail. Consequently, the annual report was not submitted on a timely basis. We are requesting that the reinstatement fee be waived because of this unusual situation. Mr. Marshek is aware that an annual report will need to be filed on a timely basis in the future.

Thank you for your understanding in this matter.

Sincerely,

JANSSEN & IGAR, CPA^s, PA

Duane H. Janssen
Certified Public Accountant

Encl: 1. Application for reinstatement
2. Check for \$150.

cc: JD Contractors, Inc.

Janssen & Igar, Certified Public Accountants