

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000027248

1. Entity Name
J & S CURB/CONCRETE, INC.



05 DEC 12 PM 12:52

STATE
FLORIDA

5
TALLAHASSEE
FLORIDA



10252005 REIN-P CR2E098 (6/04)

Principal Place of Business
1707 ELM ST.
ROCKLEDGE, FL 32955

Mailing Address

1707 ELM ST.
ROCKLEDGE, FL 32955

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3525807

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGEILLIO, JOHN
1707 ELM ST.
ROCKLEDGE, FL 32955

Name

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

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME ANGEILLIO, JOHN
STREET ADDRESS 1707 ELM ST.
CITY-ST-ZIP ROCKLEDGE, FL 32955

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

0000062515160
12/30/05--01084--018 **150.00

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE ADD/TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-08-05

Date

Daytime Phone #