

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY -6 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000036253

1. Corporation Name

J. A. C. Construction, Inc.

2. Principal Office Address

9761 N.W. 2 ST

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL.

Zip

33071

Country

USA

3. Mailing Office Address

9761 NW 2 ST.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL.

Zip

33071

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-20-98

5. FEI Number

65-0830167

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

CAMILO PEREZ

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

9761 NW 2 ST.

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State
FL

Zip Code

33071

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

[Signature]

Date

4-19-02

REGISTERED AGENT MUST SIGN

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
DP	CAMILO PEREZ	9761 N.W. 2 ST.	CORAL SPRINGS, FL. 33071
DVP	JUAN V. PEREZ	413 NW 65 AVE	Hollywood, FL 33024
DSP	ANDRES PEREZ	1718 NE 25 ST.	FT. LAUDERDALE, FL 33305

01-02436 TS

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-19-02

Daytime Phone #

(941) 605-6430

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W.W. DAYTAN, INC.

ACCOUNTING ° BOOKKEEPING ° TAXES
608 SW 76TH TERR.
N. LAUDERDALE, FL. 33068
TEL (954) 722-5594 FAX (954) 718-5054

April 30, 2002

Florida Dept of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314

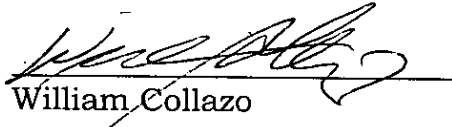
J.A.C. Construction, Inc.
Doc #P98000036253

To whom it may concern,

Enclosed is our client's check #3368 in the amount of \$300. for Re-Instatement.

Please note that they moved last year and they never received Re-Instatement notification.

Thank you,


William Collazo