

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 16 PM 4:14

DOCUMENT # P98000042192

1. Corporation Name **J-Mays Mechaical Construction, INC.**

REINSTATEMENT

06-08

2. Principal Office Address - No P.O. Box #
6101 16th St No

3. Mailing Office Address
P.O. BOX 12978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Pt. Petersburg, FL

Zip

Country

PINELLAS

Zip

33733

Country

PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida

May/07/98

5. FEI Number
59-3472360

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
JOSHUA MAYS JR

Street Address (P.O. Box Number is Not Acceptable)
6101 16th St No

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33703

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Joshua Mays Jr
REGISTERED AGENT MUST SIGN

Date **05/16/08**

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
P	JOSHUA MAYS JR	6101 16th St No	St. Petersburg FL 33703
S	JOSHUA MAYS JR	6101 16th St No	St. Petersburg FL 33703
T	JOSHUA MAYS JR	6101 16th St No	St. Petersburg FL 33703

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06/19/08--01040--007 **300.75

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 contained in Chapter 119, 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:

Joshua Mays Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/16/08

Date

(727) 527-7065

Daytime Phone #

6/18