

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 30 PM 2:36

DOCUMENT # P98000062882

1. Corporation Name
J & W REBAR, INC.

Principal Place of Business
P.O. BOX 5771
DELTONA FL 32728

Mailing Address
P.O. BOX 5771
DELTONA FL 32728



REINSTATEMENT 99

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 07/13/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3524074	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
Pres.	Jason P. Johnston	Po Box 5771	Deltona, FL 32728
V. Pres.	Sean A. White	727 E. Cloverleaf Blvd.	Deltona, FL 32725

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JOHNSTON, JASON P 630 W. TALL PINE TERR DELAND FL 32724		Name: Allen + Murray Financial Services Street Address (P.O. Box Number is Not Acceptable): 632 N. Woodland Blvd. Suite, Apt. #, Etc.: Suite 1 City: Deland State: FL Zip Code: 32724	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.
Signature of Registered Agent: *Christina M. Zappi* REGISTERED AGENT MUST SIGN Date: 11-01-99

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: *Jason P. Johnston*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11/22/99 Daytime Phone #: 904 943-2022

AD