

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 20 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P98000069736

1. Corporation Name

JS & SONS CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

210 N GOLDENROD RD  
STE 13  
ORLANDO FL 32807

210 N GOLDENROD RD  
STE 13  
ORLANDO FL 32807



REINSTATEMENT

00

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

08/06/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3532446

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	<del>SAVAGE, JEFF JR.</del>	<del>1409 OREGON AVE.</del>	<del>ST. CLOUD FL 34769</del>
D	SAVAGE, JEFF JR	2694 Orchid LN.	Kissimmee FL, 34744
			3000003455579--8 -11/07/00--01090--029 *****750.00 *****750.00
			3000003455579--8 -11/07/00--01090--030 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name SAVAGE Jeff JR.	
Street Address (P.O. Box Number is Not Acceptable) 2694 ORCHID LN.	
Suite, Apt. #, Etc.	
City Kissimmee	State FL
Zip Code 34744	

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.

Signature of  
Registered Agent  **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/13/00

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.

KE

SIGNATURE:

 **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00  
Date

Daytime Phone #