

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 8:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000069736

1. Corporation Name

JS & SONS CONSTRUCTION, INC.

Principal Place of Business

2694 ORCHID LANE
KISSIMEE FL 34744

Mailing Address

2694 ORCHID LANE
KISSIMEE FL 34744

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/1998

5. FEI Number

59-3532446

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SAVAGE, JEFF JR.	2694 ORCHID LN.	KISSIMEE FL 34744
V	SYKES, TIMOTHY	3794 FRUITLOOP CR	KISSIMEE FL 32742

100024999361
11/24/03--01129--014 **758.75

8. Name and Address of Current Registered Agent

SAVAGE, JEFF JR.
2694 ORCHID LN.
KISSIMEE FL 34744

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Jeff Savage
REGISTERED AGENT MUST SIGN

Date 11/17/03

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)(l), 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:

Jeff Savage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Savage Director 11/17/03 (407) 870-7926
Date Daytime Phone #

CR2ED40 (7/03)