

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000103864

1. Corporation Name

C & J CONSTRUCTION, INCORPORATED

Principal Place of Business

Mailing Address

20 E BOB WHITE ST
APOPKA FL 32712

20 E BOB WHITE ST
APOPKA FL 32712

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

12/11/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3552846

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	REYES, JENNIFER	20 E BOB WHITE ST	APOPKA FL 32712
DVP	REYES, CIRILO	20 E BOB WHITE ST	APOPKA FL 32712

600004719536-1
-12/11/01--01080--017
****150.00 ****150.00

PR 12/10

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REYES, JENNIFER
736 SHERWOOD DR.
WINTER SPRINGS FL 32708-2122

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/23/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/23/01 407 899 9903

CR2E040 (801)

Dear Sir,

Please reinstate my Corp. I have
been ill with a Brain Tumor very
hard for me to remember things I
thought I had already done this but
you have sent me this notice I called
and they had not received my monies.
Please I am enclosing the 150⁰⁰ due
to many hosp Bills I don't have
600⁰⁰ for fun. they are operating on
my tumor within 6 wks I hope everything
goes back to normal for me

Thank you
J. J. Ruyter