

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000103864

1. Corporation Name

C & J CONSTRUCTION, INCORPORATED

Principal Place of Business

**20 E BOB WHITE ST
APOPKA FL 32712**

Mailing Address

**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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1998

5. FEI Number

59-3552846

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)

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

500008812555
11/05/02--01103--009 **150.00

8. Name and Address of Current Registered Agent

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

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/29/02

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 REQUIRED
Under Reyes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 407 889 9903

CR2ED40 (8/02)

To whom it may concern:

10/28/02

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I have received this paper about
my corp. to the best of my knowledge
this is the first paper I have received.
I'm sorry this is late but I am sending
you the 150⁰⁰. I have read this paper
and from now on if I don't receive
one before MARCH I will call your
Office.

Thank you
J. Reyes
President