

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 23 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000006841**

1. Corporation Name

BESS CONSTRUCTION, INC.

2. Principal Office Address

1901 UNIVERSITY BLVD. N.

Suite, Apt. #, etc.

3. Mailing Office Address

3715 BESS ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL.

Zip

32211

Country

U.S.A.

Zip

32277

Country

U.S.A.

REINSTATEMENT

00-04

4. Date Incorporated or Qualified
To Do Business in Florida

JANUARY 19, 1999

5. FEI Number

59-3562235

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

ANTOINE JOSEPH

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

3715 BESS ROAD

Suite, Apt. #, Etc.

City

JACKSONVILLE,

State

FL

Zip Code

32277

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

x Antoine Joseph

REGISTERED AGENT MUST SIGN

Date **6/3/2004**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	ANTOINE JOSEPH	3715 BESS ROAD	JACKSONVILLE, FL. 32277
VICE-PRESIDENT	MARIA JOSEPH	3715 BESS ROAD	JACKSONVILLE, FL. 32277
SECRETARY/ TREASURER	GINA JAMES	3715 BESS ROAD	JACKSONVILLE, FL. 32277

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06/22/04--01075--005 **750.00

10. 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:

x Antoine Joseph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/2004 (904)237-4494

Date

Daytime Phone #

CR2E081 (10/02)