

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**REINSTATEMENT** 04-06

DOCUMENT # **999000025150**

**1. Corporation Name**

**Owens Contracting Services Inc.**

**2. Principal Office Address**

**15960 Old Cheney Hwy.**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**Same**

Suite, Apt. #, etc.

City & State

**Orlando**

City & State

Zip  
**32833**

Country  
**United States**

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**03/15/1999**

**5. FEI Number**

**59-3565694**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
**Jason Owens**

Street Address (P.O. Box Number is Not Acceptable)  
**15960 Old Cheney Hwy.**

Suite, Apt. #, Etc.

City  
**Orlando**

**900065198553**  
**02/06/06--01021--012 \*\* 50.00**  
State **FL** Zip Code **32833**

**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

REGISTERED AGENT MUST SIGN

Date **1-26-06**

**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
<b>PUTS</b>	<b>Jason Owens</b>	<b>15960 Old Cheney Hwy</b>	<b>Orl. FL 32833</b>

**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. Further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0403 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 contained in Chapter 119, 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:

**Jason Owens**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/26/2006**

Date

**407-671-4827**

Daytime Phone #

B3 242

January 26, 2006

To whom it may concern;

Re: Owens Contracting Services Inc. Reinstatement

This is a letter requesting consideration to wave the reinstatement fee for Owens Contracting Services Inc. As for I had not received the forms for renewal. I had sent in a request through the company in which reinstated my corporation last time. As the address was changed from 9221 Larette Dr. Orlando, Fl. 32817 to 15960 Old Cheney Hwy. Orlando Fl. 32833. I had not operated from prior address for a few years now. If you would please take this matter for consideration of dismissing the reinstatement fee of \$600.00. Attached is the application with the proper address that my mail is received at and operate from. If there are any questions feel free to contact Jason Owens at 407-671-4827. Thank you in advance for your consideration. *The years I did not receive the forms were from 2004 to 2006.*

  
Jason Owens