## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

P99000028452

1. Corporation Name

J & C BUILDERS SERVICES, CORP.

Principal Place of Business

Mailing Address

1393 SW 10TH STREET HOMESTEAD FL 33030

1393 SW 10TH STREET HOMESTEAD FL 33030

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REINSTATEMENT	-2001

FILED

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

NOV -6 PM 12: 117

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If above addresses are incorrect in any way, line through incorrect  2. New Principal Office Address, If Applicable  3. New Ma				information and enter correction below. iling Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Numbe		03	/29/1999		
City & State			City & State			5. FEI NUITIDE	65-0399838	<u> </u>	Applied For  Not Applicable		
Zip Country		Zip		Country		6. CERTIFICATE OF			5 Additional Fee required r a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer and	l/or Director (Flor	ida nonprof	fit corporation	ns must list at lea	st 3 directors)				
Title(s) Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip			
POȘT	CORONA, JORGE			1393 SW 10TH ST				HOMESTEAD FL 33			
							50	000469 -11/29/01 .****758.	182 010 75	35	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent					
CORONA, JORGE 1393 SW 10TH STREET HOMESTEAD FL 33030					5	Name  Street Address (P.Ö. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State Zip Code					
10. I, being	appointed the	e registered agent of the ab	ove named corpo	ration, am f	familiar with a	and accept the ol	oligations of Sec	tion 607.0505, F.S.	-		

REGISTERED AGENT MUST SIGN

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), FS. 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: