


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000073003</b>		
1. Entity Name J.C. CONSTRUCTION, INC.		

FILED  
04 OCT 25 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 11472 KERRIDALE AVENUE SPRING HILL, FL 34608	Mailing Address P.O. BOX 10686 BROOKSVILLE, FL 34603
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2. Principal Place of Business 329 West Jefferson St Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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10222004 REIN-P CR2E098 (6/04)

City & State Brooksville, FL	City & State
Zip 34601	Country HERNANDO

4. FEI Number 59-3593789	Applied For Not Applicable
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6. Name and Address of Current Registered Agent CREMATA, JOHNNY 11472 KERRIDALE AVENUE SPRING HILL, FL 34608	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROMATA, JOHNNY 11472 KERRIDALE AVENUE SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cremata, Johnny 13318 Ponce de Leon BLVD Brooksville, FL 34601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900042160909 10/25/04--01074--003 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Oct 22, 2004** 362-797-5550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #