

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 FEB 14 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

517914

1. Corporation Name

J.A.M. CONTRACTING Services Inc

Principal Place of Business

Mailing Address

7500W. Commercial Blvd
FORT Lauderdale, Fla 33319

REINSTATEMENT

96

mwb

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/6/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0233501

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	PATRICK Della Penna	7047 Woodmont Way	TAMARAC Fla 33321
Tres	MADALEEN Della Penna	7047 Woodmont Way	TAMARAC Fla 33321
Sec.	Paul Della Penna	22065 Agua Ct.	BOCA RATON, Fla 33428
V.P.	Alyssa Capanelli	1 Horshoe Lane	COMMACK NY 11745
VP	Michael Della Penna	9 Highland Ave	PORT WASHINGTON NY 11050

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Joseph Aponte

Name

Joseph Aponte

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

146 San Remo Blvd

Suite, Apt. #, Etc.

City

N. Lauderdale

State

FL 33068

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.

Signature of
Registered Agent

Joseph Aponte

REGISTERED AGENT MUST SIGN

100002091631--7

Date 02/19/97--01013--014

****375.00 ****375.00

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒

No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer, 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., and that all fees owed by the corporation have been paid. 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:

Paul Della Penna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97

Date

Daytime Phone #

CR2E040 (12/95)