

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V18290

1. Corporation Name

J.J.R. CONSTRUCTION CO.

Principal Place of Business

930 CLINT MOORE RD  
BOCA RATON FL 33487  
US

Mailing Address

930 CLINT MOORE RD  
BOCA RATON FL 33487  
US



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

2. New Principal Office Address, If Applicable  
6600 W. Rogers Cir.

Suite, Apt. #, etc.  
#6  
City & State  
Boca Raton, FL 33487

Zip Country

3. New Mailing Office Address, If Applicable  
600 W. Rogers Cir.

Suite, Apt. #, etc.  
#6  
City & State  
Boca Raton, FL 33487

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/02/1992

5. FEI Number  
65-0319274

Applied For

Not Applicable

6. 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ROBERTS, JOHN	8104 TWIN LAKE DRIVE	BOCA RATON FL 33496
VP	DE CICCIO, JOHN	7110 NW 42 ST	CORAL SPRINGS FL
VP	GARRISON, RICK	10244 HUNT CLUB LANE	PALM BEACH GARDENS FL 33418
S	Roberts, Joanne	8104 Twin Lake Dr.	Boca Raton, Fl 33496

100009247111  
11/27/02--01106--012 \*\*150.00

8. Name and Address of Current Registered Agent

ROBERTS, JOHN  
8104 TWIN LAKE DRIVE  
BOCA RATON FL 33496

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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), 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:

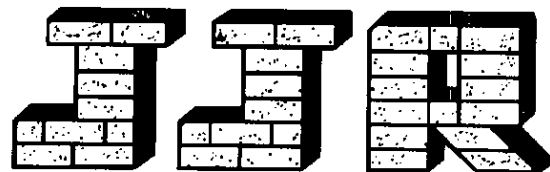
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)



**CONSTRUCTION CO.  
MASONRY SPECIALISTS**

CERTIFIED GENERAL CONTRACTOR CGC031390

OFFICE 561-995-0300  
FAX 561-995-9401

6600 W. ROGERS CIRCLE, SUITE 6  
BOCA RATON, FL 33487

November 01, 2002

Mr. Jim Smith  
Secretary of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Mr. Smith:

Please find the attached and the completed 2002 Uniform Business Report (UBR)/APPLICATION FOR REINSTATEMENT and our check in the amount of \$150.00.

We have never received your original application. Please note that we have moved to a new address and it may be due to this.

If you have any questions, please call us at (561)-995-0300..

Thank you in advance for your cooperation.

Sincerely

Joanne Roberts  
Secretary

Attachments