

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 24 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V53400**

1. Corporation Name

**J.D.A. CONTRACTING CORP.**

Principal Place of Business

8830 SE ROBWN ST  
HOBE SOUND FL 33455  
US

Mailing Address

PO BOX 1906  
HOBE SOUND FL 33475-1906  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/23/1992

5. FEI Number

65-0351944

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



REINSTATEMENT 01-02

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	DERIGO, SHEILA M	7406 SE CRAIG ST	HOBE SOUND FL
<del>DVPT</del>	<del>DERIGO, JOHN S</del>	<del>7406 SE CRAIG ST</del>	<del>HOBE SOUND FL</del>
DS	WINKLER, DILLARD T	3397 SW 18 ST	OKEECHOBEE FL
DVPT	DeRIGO, JOHN A	7406 SE CRAIG ST	HOBE SOUND FL
			400008025264--2 -09/25/02--01081--024 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

DERIGO, SHEILA  
8830 SE ROBWN ST  
HOBE SOUND FL 33455

9. Name and Address of New Registered Agent

Name

John DeRigo

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

8830 SE ROBWN ST

Suite, Apt. #, Etc.

City

Hobe Sound

State

FL

Zip Code

33455

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

REGISTERED AGENT MUST SIGN

Date

9/19/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/02

Date

(772) 545-3322

Daytime Phone #

CR2040 (8/01)