

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG -7 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V61432

1. Corporation Name

J. A. B. Contractor Corp.

REINSTATEMENT 95-03

700022079117

08/05/03--01073--002 **1950.00

2. Principal Office Address

6572 Eaton St.

Suite, Apt. #, etc.

3. Mailing Office Address

6572 Eaton St.

Suite, Apt. #, etc.

City & State

Hollywood

Zip

33024

Country

Broward

City & State

Hollywood

Zip

33024

Country

Broward

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/01/1992

5. FEI Number

65-0355336

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Juan Bistolfi

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

6572 Eaton St.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33024

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 07/28/2003

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Juan Bistolfi	6572 Eaton St.	Hollywood Florida 33024

10. 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

07/28/2003 (786) 486-1988

Date

Daytime Phone #

CR2ED01 (10/02)