

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V72173

FILED  
Sep 19, 2007  
Secretary of State

Entity Name: JOSE CONSTRUCTION INC.

## Current Principal Place of Business:

2878 KRAFT DR.  
DELTONA, FL 32738

## New Principal Place of Business:

5434 ARAGON AVENUE  
DELEON SPRINGS, FL 32130

## Current Mailing Address:

PO BOX 5038  
DELTONA, FL 32728

## New Mailing Address:

5434 ARAGON AVENUE  
DELEON SPRINGS, FL 32130

FEI Number: 59-3148196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVILA, JOSE L  
2878 KRAFT DR.  
DELTONA, FL 32738 US

## Name and Address of New Registered Agent:

DAVILA, JOSE L  
5434 ARAGON AVENUE  
DELEON SPRINGS, FL 32130 US

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.

SIGNATURE: JOSE L DAVILA

09/19/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: DAVILA, JOSE  
Address: POST OFFICE BOX 5038  
City-St-Zip: DELTONA, FL

Title: V ( ) Delete  
Name: DAVILA, IVAN  
Address: POST OFFICE BOX 5038  
City-St-Zip: DELTONA, FL

Title: T ( ) Delete  
Name: FORMAN, ROBIN A  
Address: 2878 KRAFT DRIVE  
City-St-Zip: DELTONA, FL 32738

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: DAVILA, JOSE  
Address: 5434 ARAGON AVENUE  
City-St-Zip: DELEON SPRINGS, FL 32130

Title: V (X) Change ( ) Addition  
Name: DAVILA, IVAN  
Address: 5434 ARAGON AVENUE  
City-St-Zip: DELEON SPRINGS, FL 32130

Title: T (X) Change ( ) Addition  
Name: FORMAN, ROBIN A  
Address: 5434 ARAGON AVENUE  
City-St-Zip: DELEON SPRINGS, FL 32130

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE L DAVILA

PRES

09/19/2007

Electronic Signature of Signing Officer or Director

Date