

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED
NOV 12 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J34249

1. Corporation Name
A & J SERVICES, INC.

Principal Place of Business Mailing Address
**% AILEEN L. SIRKES
8040 SOUTHWEST FIRST ROAD
BOCA RATON FL 33428**



REINSTATEMENT ^{all info} _{with file}

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	09/22/1988
5. FEI Number	59-2724013
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/>

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
1 PD	2 SIRKES, AILEEN L.	3 8040 SW FIRST ROAD	4 BOCA RATON FL
D	SIRKES, JOEL	8040 SW FIRST ROAD	BOCA RATON FL

000002008778-6
-11/19/96-01159-027
****375.00 ****375.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SIRKES, AILEEN L. 8040 SOUTHWEST FIRST ROAD BOCA RATON FL 33428	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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: Aileen L. Sirkes Date: 11-8-96
REGISTERED AGENT MUST SIGN

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 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: Aileen L. Sirkes ^{REGISTERED AGENT MUST SIGN} 11-8-96 861-983-9186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREATING (7/96)