

FROM :

FAX NO. : 2395437178

Jul. 17 2002 10:28AM P3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000087939

1. Corporation Name

BJM WASH, INC.

Principal Place of Business

1771 TUCKER LANE NORTH
FT MYERS FL 33917

Mailing Address

1771 TUCKER LANE NORTH
FT MYERS FL 33917

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

08/13/2002

5. FSI Number

56-2286103

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
OPT	MAXWELL, BOYCE J	1771 TUCKER LANE NORTH	FT MYERS FL 33917
DVS	MAXWELL, MARK A	1771 TUCKER LANE NORTH	FT MYERS FL 33917

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name
BOYCE J MAXWELL

Street Address (P.O. Box Number is Not Acceptable)
1771 TUCKER LANE NORTH

Suite, Apt. #, Etc.

City
FT MYERS

State
FL

Zip Code
33917

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S. or 617.0505, F.S.

Signature of
Registered Agent:

REGISTERED AGENT MUST SIGN

Date 10/6/02

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)(b), 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:

BOYCE J MAXWELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D378

Daytime Phone #

239-413-7178

7/10/02

FILED
03 OCT 15 AM 8:38SECRETARY OF STATE
TALLAHASSEE, FLORIDA800024050688
10/23/03--01059--023 **150.00

REINSTATEMENT 07

BJM Wash. Inc.
1771 Tucker Lane North
Fort Myers, Florida 33917
(239) 549-7178

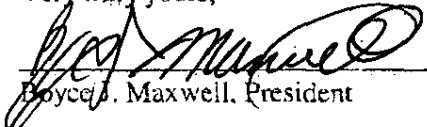
October 15, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed you will find the Application for Reinstatement for and a check for \$ 150.00. We did not receive the annual report and the \$ 150.00 fee is per your telephone instructions from phone # (850) 245-6059.

If you need any further information please call us.

Very truly yours,


Boyce J. Maxwell, President

enclosures
Application for Reinstatement
Check for \$ 150.00

PROCESSED BY THE SECRETARY OF STATE

and copy letter