


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

162

**FILED**

05 JAN -4 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000124019					
1. Entity Name A.J.A. PROERTIES, INC.					
Principal Place of Business 5944 CORAL RIDGE DRIVE #181 CORAL SPRINGS, FL 33071			Mailing Address 5944 CORAL RIDGE DRIVE #181 CORAL SPRINGS, FL 33071		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 200316494	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MIHALYI, ADRIANA 11240 NW 52 STREET CORAL SPRINGS, FL 33076			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<p><b>FILE NOW!!! FEE IS \$750.00</b>  <b>After January 1, 2005, Fee will be \$900.00</b></p>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	ADRIANA MIHALYI		NAME		
STREET ADDRESS	11240 NW 52 ST.		STREET ADDRESS	800043829508	
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-ZIP	01/04/05--01002--003 **150.00	
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<p><b>REINSTATEMENT</b></p> <p>1/4/05</p>					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Adriana Mihalyi</i>			Date: 12/31/04		Daytime Phone #: (954) 255-7166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

818-1880



Fax: (850) 245-6017 01/04/05

Zabz

AH: Michael Melnyk

From: S.J.A. Prop.

Adriana V. Mihalyi

5944 Coral Ridge Drive #181

Coral Springs, FL 33076

Doc # P03000124019

I whom a may concern:

I Adriana V. Mihalyi For S.J.A. Prop.

didn't receive any 2004 notices

for corp. please waive any mistake

not fees for "2004" Thanks so

much.

Adriana V. Mihalyi

(954) 255-7166 (Home)

(954) 818-1880 (Cell)