

CAPITAL CONNECTION

850 222 1222

04/14 '99 10:16 NO.840 02/03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR 15 5:30

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 993000062115

1. Corporation Name

PAJU, Inc.

Principal Place of Business

Mailing Address

REINSTATEMENT

95 APR 15 5:30

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

2. New Principal Office Address, If Applicable

3067 Gulf Breeze Pky.
Gulf Breeze, FL

3. New Mailing Office Address, If Applicable

Same

4. Date Incorporated or Qualified To Do Business in Florida

8/31/93

City & State

32561

City & State

5. FEI Number

59-3200755

Applied For

Not Applicable

Zip

County

Santa Rosa

Zip

Country

6.

CERTIFICATE OF STATUS DES RED

\$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	Patricia Stephenson	3067 Gulf Breeze Pky.	Gulf Breeze, FL 32561
S/T/D	William Silkowski	3067 Gulf Breeze Pky.	Gulf Breeze, FL 32561

3067 GULF BREEZE PKY
-05/19/99--01063--002
***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

Patricia L. Stephenson
3067 Gulf Breeze Pky.
Gulf Breeze, FL 32561

9. Name and Address of New Registered Agent

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 607.0605, F.S.

Signature of Registered Agent

Patricia Stephenson
REGISTERED AGENT MUST SIGN

Date 5-3-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

Patricia Stephenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-99

Date

Daytime Phone #