PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

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

FILED
00 AUG 11 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000015840

1. Corporation Name
O.N.J. Associates, Inc.

2. Principal Office Address	**3.** Mailing Office Address
4400 N.W. 19th Ave	4400 N.W. 19th Ave
Suite, Apt. #, etc.: Suite K	Suite K
City & State: Pompano Beach, FL	Pompano Beach, FL
Zip: 33064 Country: USA	Zip: 33064 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2.27.95

5. FEI Number: 65-0558078 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Shawn Nightingale

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-08/23/00--01080--024
****458.75 ****458.75

Street Address (P.O. Box Number is Not Acceptable): 4400 N.W. 19th Ave
Suite, Apt. #, Etc.: Suite K
City: Pompano Beach State: FL Zip Code: 33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Shawn Nightingale Date: 8.17.00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Shawn Nightingale	10530 N.W. 67 CT	Parkland, FL 33076
			99-00 UBR TS

10. 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: Shawn Nightingale 8.17.00 305 588.9674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

O. N. J. ASSOCIATES, INC

4400 N.W. 19th Avenue
Suite K
Pompano Beach, FL 33064
Tel - (305) 588-9674

August 17, 2000

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

I am writing this letter in order to request a reconsideration of the $600.00 fee required to reinstate O.N.J. Associates, Inc.

If I had received the annual reports and more importantly a Notice of Dissolution, I would have given this situation my prompt attention.

I am a small one-person corporation and open all the mail myself, and therefore, am at a loss to explain why I would never have received these documents.

As was suggested by an individual in the Re-instatement Division I am forwarding the Reinstatement Form along with $450.00 to cover the past filing fees while you consider this request.

As it would cause a financial hardship at this time, I am hoping that you will give this request your careful consideration.

Thank you in advance for your review of this matter.

Sincerely,

Shawn Nightingale

Shawn Nightingale, Pres.

O.N.J. Associates, Inc.