PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 22 PM 5:22

DOCUMENT # P95000015840

1. Corporation Name

O.N.J. ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4400 N.W. 19TH AVE SUITE K POMPANO BEACH FL 33064	4400 N.W. 19TH AVE SUITE K POMPANO BEACH FL 33064

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: 02/27/1995

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. 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	4 City / State / Zip
P	NIGHTINGALE, SHAWN	10530 N.W. 67 CT	PARKLAND FL 33076

700004669297--9
-11/06/01--01071--007
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
NIGHTINGALE, SHAWN 4400 N.W. 19TH AVE SUITE K POMPANO BEACH FL 33064	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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: Shawn Nightingale SIGNATURE REQUIRED — Date: 10.10.01
REGISTERED AGENT MUST SIGN

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)(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 SIGNATURE REQUIRED — 10.10.01 — 305.588.9674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

16.10.01

To whom it may Concern,

Please be advised that I never received the original form to send in. I just received this notice when I returned from abroad. I called your office and was advised to send this letter along with the check for $150.00 —

Please let me know if there is any additional information you require.

Thank You very much for your help in this matter.

Shawn Nightingale
O.N.V. Associates
305 588 9674