

# 2004 FOR PROFIT CORPORATION REINSTATEMENT



FILED  
04 DEC 20 AM 8: 39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P99000074638</b> 1. Entity Name C.J.V., INC.				Principal Place of Business 5100 OKEEBCHOBEE BLVD., #2290 WEST PALM BEACH, FL 33417		Mailing Address 7548 KINGSLEY CT. LAKE WORTH, FL 33467	
2. Principal Place of Business <b>7548 KINGSLEY CT.</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <b>65-0943680</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State <b>Lake Worth, FL</b>		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		12102004 REIN-P CR2E098 (6/04)	
Zip <b>33467</b>		Country <b>U.S.</b>		Zip		Country	
6. Name and Address of Current Registered Agent  GILMORE, SYDNEY B 7548 KINGSLEY CT. LAKE WORTH, FL 33467				7. Name and Address of New Registered Agent Name <b>Benjamin P. Shenkman</b> Street Address (P.O. Box Number is Not Acceptable) <b>2160 W. Atlantic Ave., Second Floor</b> City <b>Delray Beach</b> FL Zip Code <b>33445</b>			
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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <b>12/10/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete GILMORE, SYDNEY B 7548 KINGSLEY CT. LAKE WORTH, FL 33467			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Beulah Gilmore 7548 Kingsley Ct. Lake Worth, FL 33467		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700043537707</b> <b>12/20/04--01069--019 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <b>12/17/04</b> <small>Date Daytime Phone #</small>			