

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Jim Smith, Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 JAN 16 AM 9:56

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # P99000074638

1. Corporation Name

C.J.V., INC.

Principal Place of Business

7548 KINGSLEY CT.  
 LAKE WORTH FL 33467

Mailing Address

7548 KINGSLEY CT.  
 LAKE WORTH FL 33467

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida

08/16/1999

5. FEI Number

65-0943680

Applied For

Not Applicable

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
D	GILMORE, SYDNEY B	7548 KINGSLEY CT.	LAKE WORTH FL 33467

8. Name and Address of Current Registered Agent

GILMORE, SYDNEY B  
 7548 KINGSLEY CT.  
 LAKE WORTH FL 33467

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City  
 State FL Zip Code

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., or 617.0505, F.S.

Signature of Registered Agent \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN  
 Date OCTOBER 22 - 2002

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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SYDNEY B. GILMORE  
 Date OCT. 22 - 02 (561) 712-9556  
 Daytime Phone #

CR2E040 (8/02)