

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP -2 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P 99000092343*

1. Corporation Name

H.J.S. Inc.

2. Principal Office Address - No P.O. Box #

2180 Hwy 520 West

Suite, Apt. #, etc.

313/314

City & State

Cocoa Florida

Zip

32934

Country

Brevard

3. Mailing Office Address

Post Office Box 1653

Suite, Apt. #, etc.

City & State

Titusville Fl. 32781

Zip

32781

Country

Brevard

REINSTATEMENT 06-08
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

10/20/99

5. FEI Number

59-3598801

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

H. John Stiles

Street Address (P.O. Box Number is Not Acceptable)

205 Micanopy Ct

Suite, Apt. #, Etc.

313-314

City

Indian Harbour Beach

State

FL

Zip Code

32909

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

H. John Stiles

REGISTERED AGENT MUST SIGN

Date *8.26.07*

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
<i>P</i>	<i>H. John Stiles</i>	<i>205 Micanopy Ct</i>	<i>Indian Harbour Beach FL 32909</i>

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 contained in Chapter 119, 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:

H. John Stiles

H. John Stiles

8.26.07

3214317976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #