

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC -5 AM 8:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S12929

1 Corporation Name

A.J.'S SR. & JR., INC.

Principal Place of Business

Mailing Address

4146 GRAND BLVD.
NEW PORT RICHEY FL 34652-5406

4146 GRAND BLVD.
NEW PORT RICHEY FL 34652-5406

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

REINSTATEMENT

9600

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/09/1990	
City & State		City & State		5. FEI Number	
Zip		Country		59-3034713	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	PIGNATARO, ADAM J., JR.	4146 GRAND BLVD.	NEW PORT RICHEY FL
ST	PIGNATARO, DONNA	4146 GRAND BLVD.	NEW PORT RICHEY FL

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***383.75 ***383.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PIGNATARO, ADAM J., JR. 4146 GRAND BLVD. NEW PORT RICHEY FL 34652		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		FL	

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 Adam J. Pignataro Date 10/18/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 due to 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: Adam J. Pignataro Date 10/18/96 Daytime Phone 848-1917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR