

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR -5 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H36734

1. Corporation Name

A. J. S. ASSOCIATES, INC.

2. Principal Office Address

200 EXECUTIVE WAY

Suite, Apt. #, etc.

City & State

PONTE VEDRA, FL

Zip

32082

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

REINSTATEMENT

00-01

4. Date Incorporated or Qualified To Do Business in Florida

SP

5. FEI Number

59-2482044

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

A. J. SPURIA

500003828915-8

-03/09/01-01116-007

***150.00 ***150.00

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

200 EXECUTIVE WAY

500003828915-8

-03/09/01-01116-008

***750.00 ***750.00

Suite, Apt. #, Etc.

City

PONTE VEDRA, FL

State
FL

Zip Code

32082

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

REGISTERED AGENT MUST SIGN

Date 2/28/01

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
<u>PRES</u>	<u>A. J. Spuria</u>	<u>200 EXECUTIVE WAY</u>	<u>PONTE VEDRA, FL 32082</u>

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 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

2/28/01 (904)285 1250

Date

Daytime Phone #

CR2E081 (9/99)