

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 JAN 26 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 518554

FOR 1997 + 1998

1. Corporation Name

A & J PACKAGE STORES, INC.

Principal Place of Business

3027 U.S. HIGHWAY 27 SOUTH  
SEBRING FL 33870

Mailing Address

~~3027 U.S. HIGHWAY 27 SOUTH~~  
~~SEBRING FL 33870~~

2120 SCHLOSSER RD.  
SEBRING FL 33872

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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/1976

5. FEI Number

59-1885009

Applied For

Not Applicable

6.

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	BIERZONSKI, ARTHUR F.	3027 U.S. HWY 27 SO.	SEBRING FL
PD	BIERZONSKI, JANIE T.	3027 U.S. HWY 27 SO.	SEBRING FL
			100002415291--9
			-01/28/98-01108-011
			****150.00****150.00
			REINSTATEMENT
			A. Alan
			1-26-98

8. Name and Address of Current Registered Agent

BIERZONSKI, JANIE T.  
3027 U.S. HIGHWAY 27 SOUTH  
SEBRING FL 33870

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

100002415291--9

-01/28/98-01108-012

\*\*\*\*750.00\*\*\*\*750.00

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

Janie Bierzonski

REGISTERED AGENT MUST SIGN

Date

1/21/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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 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:

Janie T. Bierzonski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/97 941-385-6252

Date

Daytime Phone #

CR20040 (8/97)