

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 26 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 560902

1. Corporation Name

AMJ Equipment Corporation

2. Principal Office Address

5101 Great Oak Dr

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33815

Country

USA

3. Mailing Office Address

PO Box 1648

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33802

Country

USA

700023451337

09/30/03--01049--015 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1797975

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

Albert M. Jarrell

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

5101 Great Oak Dr

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33815

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

Date

REGISTERED AGENT MUST SIGN

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
CEO	Albert M. Jarrell	5916 Pier Place Dr. Lake	Lakeland, FL 33813
DST	Cynthia M. Jarrell	5916 Pier Place Dr.	Lakeland, FL 33813

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

Date

Daytime Phone #

CR2E081 (10/02)

7/9/25



Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

September 25, 2003

Dear Division of Corporation s Reinstatement Staff:

The departure of our previous Controller, and the difficult transition process that ensued, has led to an oversight on our part: the non-filing of the Corporation s Uniform Business Report. This year s Uniform Business Report, annual report fee, and the corporate supplemental fee in the amount of \$150 due before May 1st, is being mailed just today.

As the incoming Controller I became aware of the deficiency just today and have given it my immediate attention. The quick and unforeseen departure of my predecessor left many issues addressed by the Controller s office unresolved. I ask that consideration be given to a granting of amnesty for the \$600 reinstatement fee. Florida s current business climate has improved, but conditions necessitate that we scrutinize and be very mindful of every expense to maintain full employment. The approval of the Reinstatement Department would be of considerable help to us in this endeavor.

Please forgive our inattention. Correspondence from your department will not go unheeded in the future. If you have any questions, please contact me at 863.682.4500 ext. 237.

Respectfully,

A handwritten signature in black ink, appearing to read 'Tito Vertoli', is written over a horizontal line.

Tito Vertoli
Controller
AMJ Equipment Corporation