F08000001084

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2019 SEP 14 PM 7:02

DOCUMENT # F08000001084

1. Corporation Name

# LAJ Properties, Inc

300384909443
09/24/19--01002--028 **1650.00

CR2E081 (11/10)

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 2560 English Ivy Ct | | 2560 English Ivy Ct | |
| Suite, Apt. #, etc | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Longwood, FL | | Longwood, FL | |
| Zip | Country | Zip | Country |
| 32779 | USA | 32779 | USA |

4. Date Incorporated or Qualified To Do Business in Florida
03-10-2008

5. FEI Number
37-1413306
☐ 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
Lloyd A. Johnson

Street Address (P.O. Box Number is Not Acceptable)
2560 English Ivy Ct

Suite, Apt. #, Etc

| City | State | Zip Code |
|---|---|---|
| Longwood | FL | 32779 |

R. WHITE
NOV 15 20..

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 Lloyd A Johnson Date 9-12-19

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 |
|---|---|---|---|
| Pres | Lloyd A Johnson | 2560 English Ivy Ct | Longwood, FL 32779 |
| Sec | Rhonda S. Johnson | 2560 English Ivy Ct | Longwood, FL 32779 |
| | | | |
| | | | |
| | | | |
| | | | |

10. **E-mail Address:** rjohnson5467@yahoo.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

**SIGNATURE:** Lloyd A Johnson 9-12-19 217-316-1068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #