

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
30 OCT -2 AM 0:08
TALLAHASSEE, FLORIDA

DOCUMENT # J01038

1. Corporation Name

FJR BUSINESS SERVICES, INC.

Mailing Address

Principal Place of Business

8002 SOUTHWEST ISLAND STREET
MIAMI, FLORIDA 33157

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

9002 S.W. ISLAND ST.

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

2-24-86

Suite, Apt. #, etc.

DIXIE PLAZA

Suite, Apt. #, etc.

5. FEI Number

59-2630183

Applied For

City & State

MIAMI, FL

City & State

Not Applicable

Zip

33157

Country

USA

Zip

Country

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)

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
PRES DIR	JAMES RIEGLER	14221 SW 92 AVENUE	MIAMI, FL 33176
SEC DIR	GLADIANA RIEGLER	14221 SW 92 AVENUE	MIAMI, FL 33176
			300002660973--2
			10/09/98--01091--025
			***1358.75 ***1358.75
			94-98
			5C 10-2-98

REINSTATEMENT

8. Name and Address of Current Registered Agent

JAMES RIEGLER
14221 SW 92ND AVENUE
MIAMI, FLORIDA, 33176

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-1-98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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

JAMES RIEGLER
PRESIDENT

10/1/98
Date

305 254 4555
Daytime Phone #

CR2040 (5-94)