

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -6 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J67341

1. Corporation Name

B.A.J. MANAGEMENT, INC.

Principal Place of Business

4094 BAHIA ISLE CIRCLE
WELLINGTON FL 33467
US

Mailing Address

4094 BAHIA ISLE CIRCLE
WELLINGTON FL 33467
US

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

04/07/1987

5. FEI Number

59-2797271

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	STEINBERG, HERMAN	4094 BAHIA ISLE CIRCLE	WELLINGTON FL 33467

4000008830134
11/06/02--01075--005 **150.00

8. Name and Address of Current Registered Agent

STEINBERG, HERMAN
4094 BAHIA ISLE CIRCLE
WELLINGTON FL 33467

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/25/02

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., 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 #

SIGNATURE REQUIRED
Herman Steinberg 10/25/02 561-371-4662

CR2E040 (8/02)

B.A.J. MANAGEMENT, INC.

4094 BAHIA ISLE CIRCLE
WELLINGTON, FL 33467
TEL: 561-371-4662 FAX: 561-784-0486

October 25, 2002

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P. O. BOX 6327
TALLAHASSEE, FL 32314-6327// Blvd., Suite 101

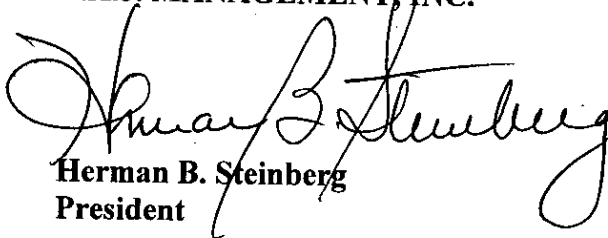
To Whom it May Concern:

This will confirm my October 23, 2002 telephone conversation with Andy Dunlap of your division. I explained to Andy that on April 27, 2002 I filed my UBR on line charging the renewal fee to my American Express card. I did not ask for a certificate of status. We did not receive anything further until I received the NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION package on October 21, 2002. I reviewed my credit card statements and could not find the charge having been processed. Evidently, something happened in cyberspace and the filing never went through.

Mr. Dunlap directed me to explain the situation in letter form, fill out the APPLICATION FOR REINSTATEMENT FORM and submit it with the normal filing fee of \$150. Accordingly I have enclosed both the application form and a check in the amount of \$150.

Sincerely,

B.A.J. MANAGEMENT, INC.



Herman B. Steinberg
President

Enclosures: as stated above