

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

16 NOV 15 AM 9:09

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

K26062

**1. Corporation Name**

A&J HEALTH AND AQUATIC SAFETY INC.

**2. Principal Office Address - No P.O. Box #**

9625 SW 183 ST

Suite, Apt. #, etc.

**3. Mailing Office Address**

9625 SW 183 ST

Suite, Apt. #, etc.

**City & State**

PALMETTO BAY FL

Zip Country

33157

USA

**City & State**

PALMETTO BAY FL

Zip Country

33157

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04-11-89

**5. FET Number**

65-0107589

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

No

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

ANDREW CIARO

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

9625 SW 183 ST

Suite, Apt. #, etc.

**City**

PALMETTO BAY FL

**State**

FL

**Zip Code**

33157

**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

Andrew Ciaro

REGISTERED AGENT MUST SIGN

Date 11/7/16

**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.	ANDREW CIARO	9625 SW 183 ST	PALMETTO BAY FL 33157

REINSTATEMENT

NOV 15 2015

**10. E-mail Address:**

(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, 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:

Andrew Ciaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/16

Date

Daytime Phone #

NOV 15 2015