PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE 🖂 APPLICATION Sandra B. Mortham Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS DOCUMENT # 98 JUL 14 PM 2: 47 1. Corporation Name CPJ. Products, Inc. SEGRETATOT OF STATE TALLAHASSEE, FLORIDA 5768 Mandy lane Tallahassee, F1. 32304 US P.O. Box 1169 Woodville, F1, 32362 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 9/26/1988 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip P. Jackson 916 Oak Ridge Pd Tallahossee, Fl. 32310 11 100002588871--7 -07/14/98--01094--016 ****\$800.00 ****\$900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 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. 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. 12. 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 filling 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 acqurate, and my signature shall have the same legal effect as if made under oath. 7/13/98 (850)561-SIGNATUR

YPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR