

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAY 13 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K 37648**

1. Corporation Name

B.A.J., INC.

REINSTATEMENT 96-02

2. Principal Office Address

6565 SW 29th RT

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

5840 W. FLAGLER ST

Suite, Apt. #, etc.

N/A

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33165

Country

MIAMI DADE

Zip

33144

Country

MIAMI DADE

4. Date Incorporated or Qualified To Do Business in Florida

02 10 - 1988

5. FEI Number

65-0127285

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

VICTOR HUGO RAMS SR.

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

5840 W. FLAGLER ST

Suite, Apt. #, Etc.

SUITE #1

City

MIAMI

State
FL

Zip Code

33144

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

Victor Hugo Rams
REGISTERED AGENT MUST SIGN

Date

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
P/D	ALDO P. SOSA	6565 SW 29th ST.	MIAMI FL 331

10. 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:

Aldo P. Sosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2002

Daytime Phone # **305 261-5553**

CR2E081 (9/99)