2001 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

~~APPLICATION FOR REINSTATEMENT~~

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

FILED
01 NOV -7 PM 5:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M48150

1. Corporation Name

PJS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% PAUL STRAHER ~~8219 SW 82ND PL~~ ~~MIAMI FL 33143-3641~~	% PAUL STRAHER ~~8219 SW 82ND PL~~ ~~MIAMI FL 33143-3641~~

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
1237 SUSSEX STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State: BOYNTON BEACH, FL	City & State
Zip: 33436 Country: PALM BEACH	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/12/1987

5. FEI Number: 59-2784616 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STRAHER, PAUL	~~8219 SW 82 PL~~ 1237 SUSSEX ST.	~~MIAMI FL~~ BOYNTON BEACH FL 33436
			800004718988--3 -12/11/01--01068--014 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

STRAHER, PAUL
~~8219 S W 82 PL~~ 1237 SUSSEX ST.
~~MIAMI FL 33143~~ BOYNTON BEACH
FL 33436

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

CR2E040 (8/01)

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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: Paul Straher PAUL STRAHER NOV. 3/2001 561-649-1119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone

2 of 2

PJS associates, inc.

1237 SUSSEX STREET • BOYNTON BEACH, FL 33436 • TELEPHONE 561-649-1119 • FAX 561-649-3353

November 3, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tellahassee, FL 32314

Dear Sirs:

Due to a series of mishaps and the fact that we moved, PJS Associates, Inc. did not recieve your original notice.

Sincerely,

Paul Straher