

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katharine Harris
Secretary of State

DIVISION OF CORPORATIONS

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
1237 SUSSEX STREET

Suite, Apt. #, etc.

City & State
BOYNTON BEACH, FL

Zip
33436

Country
PALM BEACH

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

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)	Name of Officer or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	STRAHER, PAUL	8219 SW 82ND 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

9. Name and Address of New Registered Agent

STRAHER, PAUL
8219 SW 82ND PL
MIAMI FL 33143

1237 SUSSEX ST.
BOYNTON BEACH
FL 33436

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

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 taxes 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV. 3/2001 56/-649-1119

PJS
associates, inc.

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

aga

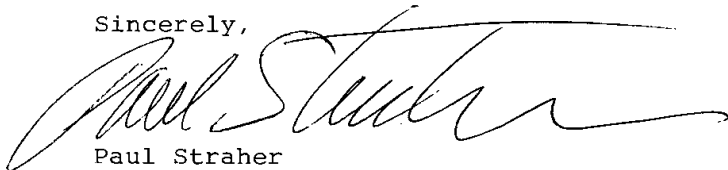
November 3, 2001

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

Dear Sirs:

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Paul Straher", written in dark ink.

Paul Straher