

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 JUN 17 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M83642

**1. Corporation Name**

J.A.J. CORPORATION

**2. Principal Office Address**

520 E. Olympia Ave.

Suite, Apt. #, etc.

City & State

Punta Gorda, Florida

Zip

33950

Country

USA

**3. Mailing Office Address**

520 E. Olympia Ave.

Suite, Apt. #, etc.

City & State

Punta Gorda, Florida

Zip

33950

Country

USA

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

06/02/1988

**5. FEI Number**

06-1261485

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

Thomas W. Garrard

Street Address (P.O. Box Number is Not Acceptable)  
520 E. Olympia Ave.

Suite, Apt. #, Etc.

City

Punta Gorda

State  
FL

Zip Code  
33940

**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

Date

4-11-05

REGISTERED AGENT MUST SIGN

**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
DP	Paturzo, Arturzo G.	10 Stonehedge Road	Bellingham, MA 02019
DV	Bogigian, John	220 Courtland St.	Holliston, MA 01746-1444
DST	Alexander, Joseph	113 Federal St.	Blackstone, MA 01504-1390

400054752374  
05/18/05--01070--003 \*\*2883.75

**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:**

Arturo G. Paturzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/05

Date

(508)966-1173

Daytime Phone #

CR2E081 (01/05)