

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000068915

1. Corporation Name

A.J. SUPPLIES INTERNATIONAL U.S.A., INC.

Principal Place of Business

Mailing Address

4461 EDGEWATER ST  
ORLANDO FL 32804

4461 EDGEWATER ST  
ORLANDO FL 32804

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/14/2000

5. FEI Number

59-3657874

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PRICE, TERENCE	4461 EDGEWATER ST	ORLANDO FL 32804
			8000004718568--3 -12/11/01--01051--003 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOPSON, JOHN E  
7300 W. CARINO REAL, #126  
BOCA RATON FL 33433

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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.

Signature of  
Registered Agent

*John E. Kopson*  
REGISTERED AGENT MUST SIGN

Date 11-6-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-6-01 (954) 562-9003

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**LAW OFFICES OF  
ELLIOT GREENE, P.A.**

3405 NW 9 AVENUE, SUITE 1201  
FT. LAUDERDALE, FLORIDA 33309

TEL (954) 567-9003  
FAX (954) 568-9004

Division of Corporations  
Reinstatement Section  
P.O. Box 6327  
Tallahassee  
FL 32314

November 6, 2001

Dear Sir or Madam:

Re: A. J. Supplies International U.S.A., Inc.

We act on behalf of the above named company and enclose for your information copy Notice of Administrative Dissolution or Revocation recently received by our said clients.

Please be advised that at no time did our client receive notice of their requirement to file their annual return. We should confirm that neither the initial nor the second notice were received as a result of which our client did not receive the requisite forms to enable them to file their annual report.

Accordingly, through no fault of their own, our client did not file its annual return upon the due date. In the circumstances, we would respectfully request that the reinstatement fee of \$750 be waived.

In anticipation of your assistance in this matter, please find enclosed the duly completed annual return on behalf of our client together with their remittance in the sum of \$150 being the annual renewal fee.

We look forward to hearing from you in due course.

Yours truly,



**Elliot Greene**  
Attorney at Law

Encs.