

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 16 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P-000 000 96609*

1. Corporation Name

Florida P. J. Group, Inc.

2. Principal Office Address

6730 West Commercial Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderhill, Florida

City & State

Zip

33319

Country

USA

Zip

Country

REINSTATEMENT 02-05

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/2000

5. FEI Number

65-1046614

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

Karmine Jean-Joseph

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

6730 West Commercial Blvd.

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33319

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

Karmine Jean-Joseph
REGISTERED AGENT MUST SIGN

Date

02/11/05

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
Preside	Karmine Jean-Joseph	6730 West Commercial Blvd.	Lauderhill, FL 33319
V.P.	CARLO JEAN-JOSEPH	6730 WEST COMMERCIAL BLVD.	LAUDERHILL, FL 33319

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karmine Jean-Joseph

Date

02/11/05 (954) 742-0122

Daytime Phone #

CR2E081 (01/05)