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PLEASE REAL	ALL INSTRUCTIONS	BEFORE COMPL	ETING THIS FORM.	012
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEN Katherine Ha Secretary of S DIVISION OF CORPOR	rris tate	FILED	0
DOCUMENT # POOC	0101188			
1 Corporation Name		ļ	1 104 1 114 2: 30	
A JUNE, INC.			SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business	Mailing Address			
905 NW- Prospect RD. 905 NW- Prospect RD. 004CAND PARK FL 33309-3950 004CAND PARK FL 33309-3950				
If above addresses are incorrect in any way, line 2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If	Applicable 4 Date	Incorporated or Qualified	
805 N.W. 44th Street Suite, Apt. #, etc.	Suite, Apt. #, etc.	To Do	Business in Florida 10/26/2000,	
City & State - O Park 10	City & State Park	5. FEIN	Applie Not A	pplicable
Zip 33309 Country BLOWARD	2 3 3 3 0 9 BL	6. CERTI	FICATE OF STATUS DESIRED For a Certificate of	e required if Status
7. Names and Street Addresses of Each Officer and	nd/or Director (Florida nonprofit corpora	tions must list at least 3 directo	ors)	
Title(s) Name of Officers and/or Directors		eet Address of Each ficer and/or Director	City / State / Zip	
Per GREGORY INTRE	dia 805 N	W 44 STREE	T UAKLAND PARK F	200
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		<u> </u>	900004716619 -12/10/0101084003	5
			*****1JU.UU *****1JU.	00
8. Name and Address of Curre	nt Registered Agent	Name -	and Address of New Registered Agent	(8/01)
SCHNELDER, JEFFREY A MST		Street Address (P.O. Box Ny		
4944 N.: UNIVERSITY DR. LAUDERHILL FL 33351-5748		Suite, Apt. #, Etc.	U 44 5/16/2/	CR2E040
3		231 K A - 10	Pack State Zin Code	$\frac{1}{m\theta}$
10. I, being appointed the registered agent of the a	above named corporation, am familiar w	ith and accept the obligations o	/ NF(\ FL 3) 3 f Section 607.0505, F.S.	<u> </u>
	1 1			
Signature of Registered Agent	tita		Date 10/9/0/	
Togusted Alderi	REGISTERED AGENT MUST SIGN			
this reinstatement application, the reason for di-	ssolution has been eliminated, the corpo	orate name satisfies the require	in chapter 607 or 617, F.\$. I further certify that when ments of section 607.0401 or 617.0401, F.S., that all	l fees
owed by the corporation have been paid and the on this application is true and accurate, and my			on under section 119.07(3)(i), F.S. The information i	indicated

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October 12, 2001

Division of Corporations Annual Report/Reinstatement Section P.O.Box 6327 Tallahassee, Fl 32314-6327

To Whom It May Concern:

This letter is in reference to the Certificate of Administrative Dissolution or Revocation notice that I received.

When I received this notice I, immediately called your office to notify you that I never received a notice to file for the 2001, corporation annual report/uniform business report.

I was informed to put it in writing and submit to your office immediately. I would appreciate it if you reinstatement my company as soon as possible. Enclosed find check in the amount of \$150.00 to cover the fee.

Sincerely,

AM JUNE,\INC.