

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 20 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/03/03--01018--011 **900.00

REINSTATEMENT

0603

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 001000011711

1. Corporation Name

AJ'S CUSTOM AUTOS, INC.

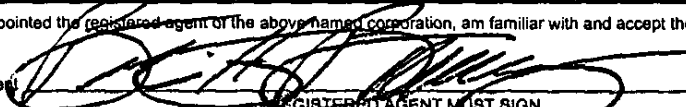
2. Principal Office Address 2121 WEST OAKRIDGE RD. Suite, Apt. #, etc. City & State ORLANDO, FL Zip 32809-3881		3. Mailing Office Address 2121 WEST OAKRIDGE RD. Suite, Apt. #, etc. City & State ORLANDO, FL Zip 32809-3881	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 01/31/2001	
5. FEI Number 59-3696078	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 BRIAN H. BURBRIDGE	
Street Address (P.O. Box Number is Not Acceptable) 2121 WEST OAK RIDGE ROAD	
Suite, Apt. #, Etc.	
City ORLANDO	State FL
Zip Code 32809-3881	

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.

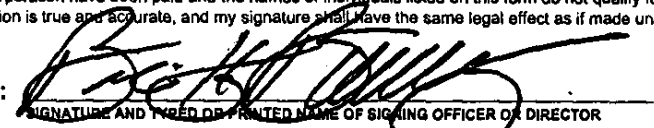
Signature of Registered Agent  Date 6-19-03

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
P/T/D	BRIAN H BURBRIDGE	2121 WEST OSKRIDGE ROAD	ORLANDO, FL 32809-3881
V/S/D	JAYANT P. PATEL	2121 WEST OAKRIDGE ROAD	ORLANDO, FL 32809-3881

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:  Date 6-19-03 Daytime Phone # 407-251-1262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20081 (10/02)

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