

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

07 APR 25 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100101360251  
05/03/07--01020--021 \*\*\*600.00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000043330

1. Corporation Name

**C.J.C. Consulting, Inc.**  
**REINSTATEMENT**

2. Principal Office Address - No P.O. Box #

4446 Stonebridge Road

3. Mailing Office Address

4446 Stonebridge Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Destin, FL

Zip

32541

Country

USA

Zip

32541

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/30/2001

5. FEI Number

651097411

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

Jamie Christian

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

4446 Stonebridge Road

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Huberdeau*

Jamie Christian, by Y. Huberdeau

Date 4/24/2007

REGISTERED AGENT MUST SIGN as attorney-in-fact

**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/D	Jamie Christian	4446 Stonebridge Road	Destin, FL 32541

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 contained in Chapter 119, 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:

*Huberdeau*

Jamie Christian, by Y. Huberdeau

4/24/2007

561-694-8107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
as attorney-in-fact

Date

Daytime Phone #