

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 13 PM 2:34

DOCUMENT # **P01000053833**

1. Corporation Name

L.J.C. MANAGEMENT COMPANY, INC.

Principal Place of Business

**4045 SOUTH TAMiami TRAIL
SARASOTA FL 34231**

Mailing Address

**4045 SOUTH TAMiami TRAIL
SARASOTA FL 34231**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/2001

5. FEI Number

65-1110048

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	COLLINS, L. JERMAINE	4045 SOUTH TAMiami TRAIL	SARASOTA FL 34231

900023750369
10/13/03--01069--019 **150.00

8. Name and Address of Current Registered Agent

**COLLINS, L. JERMAINE
4045 SOUTH TAMiami TRAIL
SARASOTA FL 34231**

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Leon Jermaine Collins
REGISTERED AGENT MUST SIGN

Date **10-9-03**

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:

Leon Jermaine Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03
Date

941-925-7005
Daytime Phone #

CR2E040 (7/03)

LJC MANAGEMENT COMPANY, INC
4045 S Tamiami TR
Sarasota FL 34231
941-925-7005
Leon Jermaine Collins

65-1110048

October 10, 2003

Division of Corporations
Annual Report
P.O Box 6327
Tallahassee, FL 32314-6327

Dear: Secretary Of State

I respectfully request for the reinstatement fee to be waived, due to the fact, that I never received the Uniform Business Report (UBR) notices. I make it a priority to always fill out and mail any state or governmental form I receive promptly. This matter is of great concern to me, because my corporation status is revoked and I received the dissolution notice fine but not the Uniform Business Report notice being that the address is the same.

Please notify me of what measures can be taken to ensure that L.J.C Management Company, Inc. is protected from any future occurrences of this matter.

Please reply or call with correspondence. Jermaine Collins 941-925-7005

Sincerely

A handwritten signature in cursive script that reads "Leon Jermaine Collins". The signature is fluid and stylized, with a large loop at the end of the last name.

LJC MANAGEMENT COMPANY, INC
Leon Jermaine Collins / President