

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000056482**

1. Corporation Name

A-JCS FINANCIAL SERVICES, INC.

Principal Place of Business

**11404 HARBORSIDE CIRCLE
LARGO FL 33773**

Mailing Address

**11404 HARBORSIDE CIRCLE
LARGO FL 33773**



600008686576

10/30/02--01001--026 **150.00

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

06/01/2001

5. FEI Number

59-3727990

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
(P) PRES.	ROGER S STAPLETON	11404 HARBORSIDE CIR	LARGO FL 33773

8. Name and Address of Current Registered Agent

**STAPLETON, ROGER S
11404 HARBORSIDE CIRCLE
LARGO FL 33773**

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

SIGNATURE REQUIRED
ROGER S STAPLETON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02
Date

727-319-9513
Daytime Phone #

CR2ED40 (8/02)

October 22, 2002

FLORIDA DEPARTMENT OF STATE

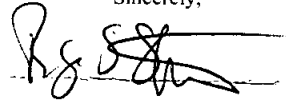
Jim Smith

SECRETARY OF STATE

To Whom It May Concern,

This letter will serve for the purpose of notifying you that A-JCS Financial Services, Inc did not receive any prior UBR notices. The company has had a lot of problems receiving correspondence at 11404 Harborside Circle, which is also my current home address. I have since corrected the problem with the local postal station and do not foresee any further issues in the future. I would certainly value your understanding in this matter and appreciate you letting me file the UBR without penalty. I am a very small corporation and the corporation being very young certainly has it's struggles, financially & administratively. I hope that you would be so kind to reinstate the corporation without penalty and understand that the prior notices were never received. Thank you so much for your time and cooperation!

Sincerely,

A handwritten signature in dark ink, appearing to read 'R. S. Stapleton', is written over a horizontal line.

Roger S Stapleton
President
A-JCS Financial Services, Inc.