

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 AM 8:00

DOCUMENT # P01000059311

1. Corporation Name

ARJ PROPERTIES INC.

2. Principal Office Address

4300 N. STATE ROAD 7

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES, FL

Zip

33319-4829

Country

USA

3. Mailing Office Address

4300 N. STATE ROAD 7

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES, FL

Zip

33319-4829

Country

USA

REINSTATEMENT 02-04
MRD

4. Date Incorporated or Qualified
To Do Business in Florida

06-14-01

5. FEI Number

65-1113143

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

RUBEN LUJO

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

4300 N. STATE ROAD 7

Suite, Apt. #, Etc.

City

LAUDERDALE LAKES, FL

State

FL

Zip Code

33319-4829

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

REGISTERED AGENT MUST SIGN

Date

4-19-04

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	RUBEN LUJO	4300 N. STATE ROAD 7 LAUDERDALE LAKES, FL 33319	LAUDERDALE LAKES, FL 33319
S/T/D	DENISE LUJO	4300 N. STATE ROAD 7 LAUDERDALE LAKES, FL 33319	LAUDERDALE LAKES, FL 33319

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:

RUBEN LUJO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04

Date

954-484-1952

Daytime Phone #

CR2E081 (01/04)