

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 JAN 30 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO1 0000 60883

1. Corporation Name

BOJ Corporation
4002 orient rd
Tampa fl 33610

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

4002 orient rd

Suite, Apt. #, etc.

City & State

Tampa fl

Zip

33610

Country

USA

3. Mailing Office Address

PO Box 6067

Suite, Apt. #, etc.

City & State

Palm Harbor fl

Zip

34684

Country

USA

REINSTATEMENT

06-08

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3739598

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

Jello, Mary

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

1942 Lago Vista Blvd

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34685

☒ 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

Mary Jello

Date 1-28-08

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	Jello, Charnon	1942 Lago Vista Blvd Palm Harbor fl 34685	Palm Harbor fl 34685
VP	Jello, John	1942 Lago Vista Blvd	Palm Harbor fl 34685
T	Jello, Mary	1942 Lago Vista Blvd	Palm Harbor fl 34685
S	Jello, Christine	1942 Lago Vista Blvd	Palm Harbor fl 34685
700116585347 01/31/08--01039--004 **450.00			

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:

Charnon Jello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-08

Date

727 688 698

Daytime Phone #

1/31/08