

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 2:52

DOCUMENT # **P01000064797**

1. Corporation Name

A & J ENTERPRISES OF JACKSONVILLE INC.

Principal Place of Business

Mailing Address

586 GOLDEN LINKS DR.
 ORANGE PARK FL 32073

586 GOLDEN LINKS DR.
 ORANGE PARK FL 32073



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/29/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3729712

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	RIZER, ALBERT G	586 GOLDEN LINKS DR.	ORANGE PARK FL 32073
D	RIZER, AEKYONG	586 GOLDEN LINKS DR.	ORANGE PARK FL 32073
D	RIZER, IRENE	12512 Suder Ln	Corriganville MD 21524

300023750503
 10/13/03--01089--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIZER, ALBERT G
 586 GOLDEN LINKS DR.
 ORANGE PARK FL 32073

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

Albert G. Rizer

Date 10/8/03

REGISTERED AGENT MUST SIGN

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:

Albert G. Rizer

10/8/03 (904)
 542-7948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

A&J Enterprises of Jacksonville Inc.
586 Golden Links Drive
Orange Park, FL 32073
(904) 298-2607

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

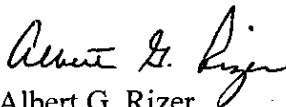
October 10, 2003

Dear Sir or Madam:

I am submitting my application for reinstatement for A& J Enterprises of Jacksonville Inc. I have not received the 2003 Uniform Business Report form and am requesting a waiver of the reinstatement fee. I have enclosed the original fee of \$150.00 under the expectation that it will meet the requirement. If this is not satisfactory, please contact me at the above address or telephone number. My email address is alrizer@aol.com.

Thank you for your assistance.

Sincerely,


Albert G. Rizer
Registered Agent