

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P01000064797**

1. Corporation Name

A & J ENTERPRISES OF JACKSONVILLE INC.

Principal Place of Business

586 GOLDEN LINKS DR.
ORANGE PARK FL 32073

Mailing Address

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/2001

5. FEI Number

59-3729712

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	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
REGISTERED AGENT MUST SIGN

Date 10/8/03

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:

Albert G. Rizer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/8/03 (904)
542-7948

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

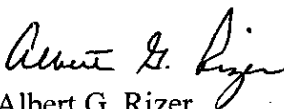
October 10, 2003

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