

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01060067135			
1. Corporation Name New Jersey Corner, INC			
2. Principal Office Address 732 mason Ave		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAYTONA BEACH, FL		City & State	
Zip 32117	Country USA	Zip	Country

2/27/02 90001 035 & 15206

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 593343120	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> 38.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Charon Ohnora	
Street Address (P.O. Box Number is Not Acceptable) 20824 NE 30TH ST.	
Suite, Apt. #, Etc.	
City Aventura	State FL
	Zip Code 33180

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 **3/4/03**

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
Pres.	Charon Ohnora	732 mason Ave	Daytona Beach, FL 32117

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03
Date

386-253-5585
Daytime Phone #

CR2E001 (10/02)

NJ CORNER, INC.

2072

732 Mason Ave.
Daytona Beach, FL 32118
386-253-5585 office
386-255-5339 fax

March 4, 2003

Florida Department of State
Attn : Reinstatement Department

RE: P01000067135

To Whom It May Concern,

Please find enclosed our Annual Business Report that was filed last year. However, also find enclosed the dissolution of corporation form. This was filed and somehow posted to our account. We have also enclosed the check information which was used to pay the annual fee. We have also enclosed the form and fee for this year.

Please review our application and call me if you have any questions.

Sincerely,



Charon Ohnona
President