PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

000071043

1. Corporation Name

FILED

03 OCT 24 AM 9: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address Mailing Address	ากรา
Principal Place of Business Mailing Address Utilities of Business	{ () }
	1011 01000 1111 1501
2138 NE 8TH ST. 2138 NE 8TH ST.	
GAINESVILLE FL 32609 GAINESVILLE FL 32609 [
900024083849	3
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 10/24/03-01028-024 **1	58.75
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable To Do Business in Florida 07/03/2	001
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number	Applied For
Allewille H. Christille Hole 59-3732088	Not Applicable
Zip Country 2 / Zip Country 4	ditional Fee required ertificate 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 Street Address of Each Officer and/or Director 4	ip
D JACKSON, ZIOMARA 2138 NE 8TH ST. GAINESVILLE FL 32609	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	
Name	33
MATREX CORPORATION Street Address (P.O. Box Number is Not Acceptable) 413 SW 4TH AVENUE	
GAINESVILLE FL 32601-6551 Suite, Apt. #, Etc.	
City State Zip	Code
10. I, being appointed the registered agent of the above named programon, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.	,
Signature of ANIMAN IN haz In	·2
Registered Agent Date	<i>3</i>
REGISTERED AGENT MUST SIGN	
11. I certify that I am an efficer 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 this reinstal ement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	S., that all fees

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

ZBJ ENTERPRISES INC. **DBA BJ'S CARPET & FLOORING** 125 NW 23rd Avenue Suite # 1 Gainesville Florida 32609

10/23/03

To Whom It May Concern:

I Ziomara Jackson Director of this Corporation did not receive the document that was supposed to have been sent to me, which I did not received it in the mail. This was the only application that I have received. When I received this application I took to my accountant and she asked me if I received this document in January, which I did not. Matrix stated to me, that she does not receive hers over the mail nor she receives any notification for any of her clients. She doesn't now why she does not receive any notification for her and her clients. She also stated that file hers over the web which I no nothing about filling over the web. When I send it in last year I took it to her and the address was changed from 2138 NE 8th Street Gainesville Florida 32609 To 125 NW 23td Avenue Suite #1 Gainesville Florida 32609 which this is our place of business and I did not see the corrections at all. It's not that I Failed to send it in someone failed to send it to me. I spoke to someone in your office by the name of Mr. Ladell who informed me to send a letter, the application and \$150.00 plus 8.75 for my certificate for the total of \$ 158.75.and see what they say about my situation. I don't feel that our company should be penalized for not complying because of not receiving the necessary forms to get it done.

Sincerely

Ziomara V. Jackson

President/ CEO