## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000071464  1. Entity Name A. C. J. INDUSTRIES INC.			2007 OCT	-2 AM 9:46
Principal Place of Business 1106 NORTH G STREET B			SECRET TALLAH	TARY OF STATE ASSEE.FLORIDA
LAKE WORTH, FL 33460-2100 LAKE WORTH, FL 33460-210		50-2100	4 1881 1884 11 186161 11 1871 1871 1871 1871 188	in Jaco Hen Biera Brit Stätföl it Laci
Principal Place of Business - No P.O. Box #     Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			09272007 REIN-P	CR2E098 (1/07)
City & State	City & State		4. FEI Number 03-0416594	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Regi	
JUNGBERT, EDWARD J III 1106 NORTH G STREET B		Name	Name	
		Street Address	Street Address (P.O. Box Number is Not Acceptable)	
LAKE WORTH, FL 33460-2100				
		City		FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  (NOTE: Registered Agent eignature required when reinretating)  DATE				
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Pee will be \$30	0.00		In accordance with corporation did not	s. 607.193(2)(b), F.S., the receive the prior notice.
10. OFFICERS AI	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICE	
NAME JUNGBERT, EDWARD III STREET ADDRESS \$106-B NORTH G STREET CITY-ST-ZIP LAKE WORTH, FL 334602106		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2001101 10/02/07-01022-	Change Addition 75382 -020 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Description from the receiver or trustee can be independent of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and other true certified in the information indicated on this report or supplemental report is true and other true certified in the information indicated on this report or supplemental report is true and other true certified in the information indicated on this report or supplemental report is true and other true certified in the information indicated on this report or supplemental report is true and other true certified in the information indicated on this report of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the corporation				

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