

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 DEC 10 PM 5:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000096910

1. Corporation Name  
SJC Inc.

2. Principal Office Address  
6785 143<sup>rd</sup> Dr. N.

Suite, Apt. #, etc.

City & State  
Loxahatchee, FL

Zip Country  
33470 USA

3. Mailing Office Address  
6785 143<sup>rd</sup> Dr. N

Suite, Apt. #, etc.

City & State  
Loxahatchee, FL

Zip Country  
33470 USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida 10-3-01

5. FEI Number  
65-1141985

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
James J. Franchi

Street Address (P.O. Box Number is Not Acceptable)  
6785 143<sup>rd</sup> Dr. North

Suite, Apt. #, Etc.

City  
Loxahatchee

State Zip Code  
FL 33470

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 12-9-04

**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
President P	James J Franchi	6785-143 DR N.	Loxahatchee FL 33470

4000043331634  
12/10/04--01035--015 \*\*1050.00

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)(f), 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: James J Franchi 12-9-04 333-7277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)