APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 AUG 14 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # po1000108919

1. Corporation Name
bjh corporation

REINSTATEMENT 02-03
06/30/03 01069 024 $750.00
11/18/02 01052 012 $150.00

2. Principal Office Address	3. Mailing Office Address
15042 59th street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: clearwater, fl.	City & State
Zip: 33760 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/13/2001

5. FEI Number: 59-3755453 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: kathy hasslinger
Street Address (P.O. Box Number is Not Acceptable): 15042 59th street
Suite, Apt. #, Etc.:
City: clearwater State: FL Zip Code: 33760

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: X Kathy K Hasslinger
REGISTERED AGENT MUST SIGN

Date: 8.11.03

CR2E081 (10/02)

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	kathy hasslinger	15402 59th st n	clearwater, fl. 33760
vp	kathy hasslinger	15402 59th st n	clearwater, fl. 33760

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: X Kathy K Hasslinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 8.11.03
Date

Daytime Phone #