

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000004664

1. Corporation Name

FJG MAINTENANCE, INC

2. Principal Office Address

2663 NW 99 AVE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33065

Country

BROWARD

3. Mailing Office Address

2663 NW 99 AVE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33065

Country

BROWARD

REINSTATEMENT

03

4. Date Incorporated or Qualified  
To Do Business in Florida

01/14/2002

5. FEI Number

90-0005879

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

FRANCISCO GALATTO

Street Address (P.O. Box Number is Not Acceptable)

2663 NW 99 AVE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

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 *[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/29/03

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
P	FRANCISCO J. GALATTO	2663 NW 99 AVE	CORAL SPRINGS FL 33065
VP	ANNA MARIA BAUBIN	2663 NW 99 AVE	CORAL SPRINGS FL 33065

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 *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/03

Date

Daytime Phone #

CR2E081 (10/02)

NATP MEMBER

***MFR & Associates***

Accountants & Consultants

AICPA MEMBER

210 71<sup>st</sup> Street Suite 313  
Miami Beach, FL 33141  
Tel (305) 864-7706  
Fax (305) 864-7960

October 28, 2003

FL Dept. of State  
FL Div. of Corp.

RE: FJG Maintenance, Inc.  
Document No. P02000004664

Dear Sir or Madam:

I am writing to you on behalf of FJG Maintenance, Inc., to request a waiver of penalties associated with the reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State.

Enclosed please find a copy of the form for year 2003, we obtained from the internet and a check \$ 150.00. The company has made a good faith effort to meet the state's filing requirements.

I thank you in advance for your help,

Sincerely,



Manuel E. Fernandez  
Tax Advisor