

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000006984**

1. Corporation Name

**SAN-O-JAN, INC.**

Principal Place of Business

**3313 CELEBRATION LANE  
MARGATE FL 33063**

Mailing Address

**3313 CELEBRATION LANE  
MARGATE FL 33063**

If above addresses are incorrect in any way, line through incorrect information and enter correction below:

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/22/2002**

5. FEI Number

**01-0586369**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate 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 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ARMAS, MARIA	3313 CELEBRATION LANE	MARGATE FL 33063
VD	ARMAS, BENJAMIN	3313 CELEBRATION LANE	MARGATE FL 33063

**300024329273**  
**10/31/03--01026--002 \*\*\$150.00**

8. Name and Address of Current Registered Agent

**JONES, PATRIC L ESQ  
1515 UNIVERSITY DRIVE SUITE 113  
CORAL SPRINGS FL 33071**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11. 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/28/03**  
Date

Daytime Phone #

**The Lipson Professional Group, Inc.  
1515 University Drive Suite 222  
Coral Springs, Florida 33071**

October 20, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: San-O-Jan, Inc.  
3313 Celebration Lane  
Margate, Florida 33063  
EIN 01-0586369

To Whom It May Concern,

The above taxpayer never received the original Uniform Business Report. The date of incorporation was January 2002. This would have been the first time filing the UBR. The taxpayer was unaware there was a report to be filed. Therefore this created the UBR to be delinquent . Please abate all penalties based on the above information. Please find enclosed the 2003 Reinstatement Report and a check for \$150.00.

Thank you for your prompt attention to this matter.

Sincerely,

  
Saul B. Lipson