

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 21 AM 8:00

DOCUMENT # **PO2000013794**

1. Corporation Name

C.J. Enterprise, Inc.

2. Principal Office Address
331 12th Ave. W.

Suite, Apt. #, etc.

City & State

Palmetto, FL

Zip
34221

Country
Manatee

3. Mailing Office Address
601 12th St. W.

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip
34205

Country
Manatee

REINSTATEMENT 03-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

02-05-02

5. FEI Number

90-6010849

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

John V. Quinlan

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

601 12th St. W.

Suite, Apt. #, Etc.

City

Bradenton, FL

State
FL

Zip Code
34205

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 **7-19-04**

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
D	Clark F. Reeder	331 12th Ave. W.	Palmetto, Florida 34221
D	Joni L. Reeder	331 12th Ave. W.	Palmetto, FL 34221

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-04

Date

941-747-1871

Daytime Phone #

CR2001 (01/04)