

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 17 AM 8:00

DOCUMENT # P02000020423

1. Corporation Name

C.J.N.B. INC.

REINSTATEMENT 03-04
MRD

2. Principal Office Address

11732 SOUTH BREEZE PL.

Suite, Apt. #, etc.

3. Mailing Office Address

11732 SOUTH BREEZE PL.

Suite, Apt. #, etc.

600028939356
02/17/04--01030--021 **300.00

City & State

WELLINGTON, FL.

Zip

33467

Country

U.S.A.

City & State

WELLINGTON, FLORIDA

Zip

33467

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

01-0639804

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

KIMBERLY VALLE

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

11732 SOUTH BREEZE PLACE

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33467

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

Kim Valle

REGISTERED AGENT MUST SIGN

Date FEB 11, 2004

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/TRS.	KIMBERLY VALLE	11732 SOUTH BREEZE PL.	WELLINGTON, FL. 33467
VP/SEC	EDDIE VALLE	11732 SOUTH BREEZE PL.	WELLINGTON, FL. 33467

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

Kim Valle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/04

Date

(561) 753-6254

Daytime Phone #

2082

February 11, 2004

Division of Corporations
Reinstatements
P.O. Box 6850
Tallahassee, Fl. 32314

Re: C.J.N.B. Inc.
Annual Report
P02000020423

To Whom It May Concern:

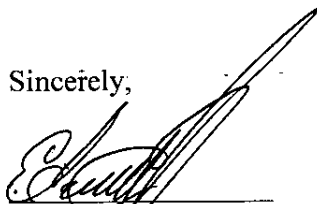
I called your offices because I found out that my corporation, C.J.N.B., Inc. was inactive and I did not know the reason. I was told that it had been placed inactive because I had not paid the \$150.00 for the Annual Report for the year 2003.

I explained that I had formed the corporation in 2002 and did not know anything about an annual report. I was told that it is mailed to me every January but I never received it. Maybe it is because of the address on file. You have 2838 No. Military Trail, West Palm Beach, Fl. 33461 but I am not at that address. My present address is:

11732 South Breeze Place
Wellington, Fl. 33467

I was told to write to you and send in \$150.00 for 2003 and \$150.00 for 2004. Enclosed please find check for \$300.00 and reinstatement form.

Sincerely,



Eddie Valle