

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 # P02000055647

1. Corporation Name

KAJON ENTERPRISES, INC

Principal Place of Business

383 E. TEQUESTA DRIVE
GALLERY SQUARE NORTH
TEQUESTA FL 33469

Mailing Address

383 E. TEQUESTA DRIVE
GALLERY SQUARE NORTH
TEQUESTA FL 33469

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/2002

5. FEI Number

02-069263

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
D	NIERMAN, BRUCE	353 S. U.S. 1, #306A	JUPITER FL 33477

8. Name and Address of Current Registered Agent

NIERMAN, BRUCE
353 S. U.S. 1, #306A
JUPITER FL 33477

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

B. Nierman
REGISTERED AGENT MUST SIGN

Date

11/1/03

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:

B. Nierman BRUCE NIERMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/03

Daytime Phone #

561
575 3775



300024860973
11/19/03--01063--004 **150.00

FILED

03 NOV 19 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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CR2E040 (7/03)

Kajon Enterprises, Inc.
383 E. Tequesta Drive
Gallery Square North
Tequesta, FL 33469

October 9, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Kajon Enterprises, Inc.

To Whom It May Concern:

I did not receive the first or second notice from your office to file my annual report.

Please accept \$150.00 and my reinstatement form.

Thank you,



Bruce Nierman