

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 # P02000066969

1. Corporation Name

CBJ&B, INC.

Principal Place of Business

5478 SAN MARINO WAY
LAKE WORTH FL 33467

Mailing Address

c/o Robert P. Feingold, Esq.
Bradley, Moore, Primason etal
The Edison-85-Exchange Street
Lynn, MA-01901

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

06/17/2002

5. FEI Number

04-3687932

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

FILED
04 JAN 27 AM 9 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



100025312171
12/08/03-01014-017 **750.00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
RO	FEINGOLD, ROBERT	Bradley, Moore, Primason etal The Edison-85-Exchange St.	Lynn, MA-01901
D	FEINGOLD, BEATRICE, Trustee	5478 SAN MARINO WAY	LAKE WORTH FL 33467

100025312171
01/27/04 01015 007 **150.00

REINSTATEMENT 03-04 TS

8. Name and Address of Current Registered Agent

~~Charles Feingold~~
5478 San Marino Way
Lake Worth, Florida 33467

9. Name and Address of New Registered Agent

Name
~~MARK A. SCHAUM, ESQUIRE~~
Street Address (P.O. Box Number is Not Acceptable)
2300 CORPORATE BOULEVARD, SUITE 137
Suite, Apt. #, Etc.
City
BOCA RATON
State
FL
Zip Code
33431

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

[Handwritten Signature]

Date 11/14/03

REGISTERED AGENT MUST SIGN

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:

[Handwritten Signature] ROBERT P. FEINGOLD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/03 (781) 595-2050

Daytime Phone #

CR2E040 (7/03)