

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 16 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000115309

1. Corporation Name

C J QUALITY NURSING REGISTRY,
INC. P02000115309

2. Principal Office Address

100 E Linton Blvd

Suite, Apt. #, etc.

133A

City & State

DELRAY Bch FL

Zip

33483

Country

US

3. Mailing Office Address

100 E Linton Blvd

Suite, Apt. #, etc.

133A

City & State

FL DELRAY Bch

Zip

33483

Country

US

REINSTATEMENT 00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

02-0667893

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

C J Q Joy SMITH

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

9312 Water Course Way, Bynum

Suite, Apt. #, Etc.

City

Bynum Bch

State

FL

Zip Code

33487

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

Joy Smith

Date 22 NOV 04

REGISTERED AGENT MUST SIGN

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
President	Joy Smith	9312 Water Course Way	Bynum Bch FL 33487
V.P.	Courtney Smith	9312	LI
Secretary	Twana Hoang	4006 Inverness Blvd apt 5B	Ft Lauderdale 33319
			100043215531
			12/06/04--01057--016 **150.00
			8/12/16

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:

Joy Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

22 NOV 04

Daytime Phone #

561-274
8778

CR2E081 (01/04)

pg 2 of 2

C. J. QUALITY NURSING REGISTRY, INC.
100 E Linton Blvd, Suite 133A
Delray Beach, FL 33483

Division Of Corporation
P.O. Box 6198
Tallahassee, FL 32314-6198

Reinstatement

I did not receive any Renewal Notice for May 2004 or Card.

I have only received a Card for September 2004 and attempted to do

The Renewal on Line and was unable to do so. I did not receive a response,

I then contacted the office and was told they would mail me the reinstatement form.

As I did not receive this form I called and was told to try down load off the Computer

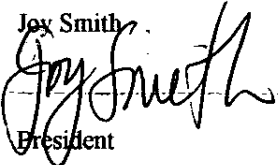
Which was very difficult. I do not know if this is the correct form. Enclosed is the check for \$150.00

I do not feel I should be penalized as this was no fault of mine

If you have any question, please feel free to contact Joy at 561 274 8778. Thank you.

Sincerely,

Joy Smith



President