

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P03000029461

1. Corporation Name

NJA INC

2. Principal Office Address - No P.O. Box #

5914 BARTRAM STR

Suite, Apt. #, etc.

City & State

BOCA RATON FL.

Zip

33433

Country

PALM BEACH

3. Mailing Office Address

5914 BARTRAM STR

Suite, Apt. #, etc.

City & State

BOCA RATON FL.

Zip

33433

Country

PALM BEACH

7. Name and Address of Current Registered Agent

Name

NEVILLE BURDE

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

5914 BARTRAM STR

Suite, Apt. #, Etc.

City

BOCA RATON FL.

State

FL

Zip Code

33433

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

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
PVPTS	NEVILLE BURDE	5914 BARTRAM STR	BOCA RATON FL
			33433

10. E-mail Address:

KIJORO@AOL.Com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

N. Burde

N. Burde

Date

6/24/11

Daytime Phone #

FILED

11 JUL 11 PM 1:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT 09-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

800209429858
06/28/11--01024--006 **1050.00