

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 13 AM 10:04

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # B03000036417

1. Corporation Name

EJS, Inc.
PO Box 840
Boynton Beach, FL 33425

2. Principal Office Address

11094 Pacifica Str

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33467

Country

USA

3. Mailing Office Address

PO Box 840

Suite, Apt. #, etc.

City & State

Boynton Bch, FL

Zip

33425

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/15/03

5. FEI Number

02-0686680

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

Pancho Sanchez

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

11094 Pacifica Street

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

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
D	Pancho Sanchez	11094 Pacifica Street	Wellington, FL 33467
D	Jackie Sanchez	11094 Pacifica Street	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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pancho Sanchez

Date

(561) 767-0743

Time Phone #