PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -4 PM 4: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000053877.

1. Corporation Name

S@J ENTERPRISES OF PINELLAS

100074343421
05/10/06--01026--022 **450.00

CR2E081 (12/05)

2. Principal Office Address	**3.** Mailing Office Address	
30700 US 19 N.	30700 US 19 N.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
LOT 53	LOT 53	
City & State	City & State	
Palm Harbor, FL.	Palm Harbor, FL.	
Zip	Country	Zip	Country
34684.	USA.	34684.	USA.

4. Date Incorporated or Qualified To Do Business in Florida   5/15/03.

5. FEI Number   3200 89482.   ☑ 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
SCOTT WEIDNER.

Street Address (P.O. Box Number is Not Acceptable)
30700 US 19 N.

Suite, Apt. #, Etc.
LOT 53

City	State	Zip Code
Palm Harbor FL. 34684	FL	34684.

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 _____   Date   5-1-04.

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
Pres.	SCOTT WEIDNER.	30700 U.S. 19 N. LOT 53.	Palm Harbor, FL. 34684.
		REINSTATEMENT 04.06	

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 _____   SCOTT WEIDNER.   5-1-04.   727 572-5525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #