

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -3 AM 8:00

REINSTATEMENT 04



11032004 REIN-P CR2E098 (6/04) MRS

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75* Additional Fee Required

6. Name and Address of Current Registered Agent

CURTIS, ANTHONY J
4720 SALISBURY RD
STE. 30
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Anthony J. Curtis

(NOTE: Registered Agent signature required when reinstating)

11/22/04

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
CURTIS, ANTHONY J
4720 SALISBURY RD. STE #30
JACKSONVILLE, FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TRES
WILLIAMS, NUETIE JR
4720 SALISBURY RD. STE #30
JACKSONVILLE, FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC.
JAMES, NATIERAL
4720 SALISBURY RD. STE #30
JACKSONVILLE, FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600043169196
12/03/04--01030--003 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/04

Date

904-4936459

Daytime Phone #

202

AJC NETWORK OF AMERICA, INC.

11/22/2004

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

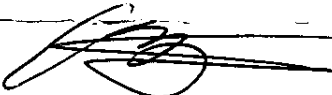
Our company was greatly impacted by the recent storms that happened this past year. That is the reason why we didn't send in our status report before the deadline. We manage and buy Real Estate properties throughout Florida. However, with the storms and damage that was caused to several of our properties, we were financially stagnated for several months causing our company to fall behind in many of our obligations.

We ask that you give us an opportunity to reinstate our company and allow us to pay the regular cost of \$150.00 for our annual report fee.

Thanks for your consideration.

Please contact our office if you have any questions.

Sincerely,



Anthony J. Curtis
"President"