


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 JAN -4 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000124019	
1. Entity Name A.J.A. PROERPTIES, INC.	

Principal Place of Business 5944 CORAL RIDGE DRIVE #181 CORAL SPRINGS, FL 33071	Mailing Address 5944 CORAL RIDGE DRIVE #181 CORAL SPRINGS, FL 33071
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



11302004 REIN-P CR2E098 (6/04)

4. FEI Number 200316494	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
MIHALYI, ADRIANA 11240 NW 52 STREET CORAL SPRINGS, FL 33076	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADRIANA MIHALYI 11240 NW 52 ST. CORAL SPRINGS FL 33076		800043829508 01/04/05--01002--003 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

1/4/05

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Adriana Mihalyi 12/31/04 (954) 255-7166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

818-1880

Fax: (850) 245-6017 01/04/05

Zab

AH: Michael Melnyk

From: S.J.A. Prop.

Adriana V. Mihalyi

5944 NORSE RIDGE DRIVE #181

ORLAND SPRINGS, FL 33076

Doc # P03000124019

I wrote a may concern:

To Adriana V. Mihalyi For S.J.A. Prop.

Didn't receive any 2004 notices

for corp. Please waive any mistake

not fees for "2004" Thanks so

much.

Adriana V. Mihalyi

(954) 255-7166 (Hm)

(954) 818-1880 (Cee)