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HOWARD A CAPLAN ATTY
DISCOVERYMEDICINEE

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

06 JAN 26 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P040000012417
P04000012417

1. Corporation Name

EJR Associates, Inc.

2. Principal Office Address

1508 Biedale Lane

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Zip

32082

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Jan. 20, 2004

5. FEI Number

20-0645148

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

HOWARD A. CAPLAN

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

6260 Dupont Station Ct.

Suite, Apt. #, Etc.

Suite C

City

JACKSONVILLE

State
FL

Zip Code

32217

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0506, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-24-06

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Edwin J. Reynolds	1508 Biedale Lane	Ponte Vedra Beach, FL 32082

10. I certify that I am an officer or director of 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]

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

01/24/06

904-614-7208

Daytime Phone #