

2005

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 AUG 17 AM 11:27

**DOCUMENT # P04000140262**

1. Corporation Name

**A J'S PROFESSIONAL SERVICES OF ORLANDO, INC**

2. Principal Office Address

**2328 STONEABBEY BLVD**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**ORLANDO/FLORIDA**

Zip

**32825**

Country

**USA**

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/11/2004**

5. FEI Number

**20-1726710**

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

**AVERY JACKSON**

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

**2328 STONEABBEY BLVD**

Suite, Apt. #, Etc.

City

**ORLANDO**

State

**FL**

Zip Code

**32825**

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

*Avery Jackson*

Date

**6/17/2005**

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
P	AVERY JACKSON	2328 STONEABBEY BLVD	ORLANDO/FLORIDA/32825

400058786874  
08/19/05--01050--026 \*\*150.00

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 under section 119.07(3)(i), 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:

*Avery Jackson*

AVERY JACKSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/2005

Date

(407) 207-1085

Daytime Phone #

B. Mitchell

AUG 18 2005

Robinson and Robinson Inc.

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JUNE 17, 2005

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that AJ's PROFESSIONAL SERVICE OF ORLANDO, INC. , has relocated. The named Corporation did not receive a Annual Corporate Reports, for the year (2005). Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$150.00 is enclosed for the said years. If there are any questions you can contact me at (407) 895-5933. Document #P04000140262

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson