

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

13 JUL 18 AM 9:20

DOCUMENT # **P05000031293**

1. Corporat

AJ's Beds & Furniture INC.,
12950 Starkey Rd.
Largo, FL 33773
727-588-0406

REINSTATEMENT 08-13

2. Principal Office Address - No P.O. Box #

12950 STARKEY RD

Suite, Apt. #, etc.

3. Mailing Office Address

Su AJ's Beds & Furniture
12950 Starkey Rd.
Largo, FL 33773
727-588-0406

City & State

LARGO, FL

Zip

Country

33773 U.S.

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2-15-05

5. FET Number

55-0891817

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

JOSEPH A. ROMMEL

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

1389 WILLIAMS CT.

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33764

500249908275
07/18/13--01019--009 **1500.00

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

Joseph A. Rommel
REGISTERED AGENT MUST SIGN

Date **7-13-13**

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
SECRETARY	Colleen Rommel	1389 WILLIAMS CT	CLW. FL 33764
			JUL 19 2013
			T. CAULEY

10. E-mail Address: **qjs6005@TAMPA.BAT.FL.COM**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Joseph A. Rommel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-13-13 727-2249780