

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000089939

Entity Name: C.J. SQUARED, INC.

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

455 N. RAMONA AVE.  
LAKE ALFRED, FL 33850

**New Principal Place of Business:**

**Current Mailing Address:**

455 N. RAMONA AVE.  
LAKE ALFRED, FL 33850

**New Mailing Address:**

PO BOX 536  
LAKE ALFRED, FL 33850

FEI Number: 61-1488745

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YOUNG, NEAL E.  
300 THIRD ST., N.W.  
WINTER HAVEN, FL 33881 US

**Name and Address of New Registered Agent:**

HUGILL, CAROL A  
3905 OSPREY POINTE CIRCLE  
WINTER HAVEN, FL 33884 US

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.

SIGNATURE: CAROL A. HUGILL

01/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HUGILL, JACK F. JR.  
Address: 3905 OSPREY POINTE CIRCLE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D  
Name: HUGILL, CAROL A.  
Address: 3905 OSPREY POINTE CIRCLE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D  
Name: SIMON, JOHN R.  
Address: 3687 E. RIVER RD.  
City-St-Zip: GRAND ISLAND, NY 14072

Title: D  
Name: SIMON, CORRINE A.  
Address: 3687 E. RIVER RD.  
City-St-Zip: GRAND ISLAND, FL 14072

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROL A. HUGILL

D

01/20/2012

Electronic Signature of Signing Officer or Director

Date