

# 2007 FOR PROFIT CORPORATION REINSTATEMENT



DOCUMENT # P06000116855	
1. Entity Name A.A.J.C., INC.	



FILED

07 NOV 20 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 14375 OKEECHOBEE BLVD LOXAHATCHEE, FL 33470	Mailing Address 14375 OKEECHOBEE BLVD LOXAHATCHEE, FL 33470
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2. Principal Place of Business - No P.O. Box # 3130 162ND DR N Suite, Apt. #, etc.	3. Mailing Address 3130 162ND DR N Suite, Apt. #, etc.
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City & State LOXAHATCHEE FL	City & State LOXAHATCHEE FL
Zip 33470	Zip 33470
Country USA	Country USA



111420 REINSTATEMENT (1/07) 07

6. Name and Address of Current Registered Agent WHIDDON, W. CLARK JR. 14375 OKEECHOBEE BLVD LOXAHATCHEE, FL 33470	
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4. FEI Number 20-5693513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 18880 JOLSON AVE #3	
City BOCA RATON	Zip Code FL 33496

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 <i>James Burgess</i> Signature, typed or printed name of registered agent and fee if applicable.	PRESIDENT 11/14/2007 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHIDDON, W. CLARK JR. 14375 OKEECHOBEE BLVD LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500112633865 11/28/07--01007--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESS, JAMES 14375 OKEECHOBEE BLVD LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D, P BURGESS, JAMES 18880 JOLSON AVE #3 BOCA RATON FL 33496
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
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
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>James Burgess</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	PRESIDENT 11/14/2007 Date
	(561) 793-3545 Daytime Phone #