

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 14 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000122153

1. Corporation Name

NJC Services, Inc.

000163544250
12/17/09--01043--004 **300.00

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

2691 Timberlake Ave

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deltona, FL

City & State

Zip

32725

Country

Volusia

Zip

Country

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

26-1397170

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

Carlos A Moroz

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

2691 Timberlake Ave

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32725

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 12/9/09

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
President	<u>Carlos A Moroz</u>	<u>2691 Timberlake Ave</u>	<u>Deltona, FL 32725</u>
Vice President	<u>Richard Lee Aaron</u>	<u>2611 East Gore</u>	<u>Orlando, FL 32806</u>

10. E-mail Address: NJC Services@aol.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., 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.

SIGNATURE: Carlos Moroz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/09/09 407-690-2458 Pres

Date Daytime Phone #

386-473-2661
Secretary
Lil