

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 21 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000064508

1. Corporation Name

NAVJN CORPORATION

2. Principal Office Address

2980 W W INTERNATIONAL  
SPEEDWAY

3. Mailing Office Address

2980, W INT'L SPEEDWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH FL

City & State

DAYTONA BEACH FL

Zip

32124

Country

Volusia

Zip

32124

Country

Volusia

4. Date Incorporated or Qualified  
To Do Business in Florida

09-13-1993

5. FEI Number

593201305

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

SARAZA Sweta M

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

2980, W INT'L SPEEDWAY Blvd.

Suite, Apt. #, Etc.

500033166136

City

DAYTONA BEACH

State

FL

Zip Code

32124

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

S. m. Sarazya

Date 03-09-04

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
<u>President</u>	<u>Sweta Sarazya</u>	<u>105, BOSTWICK DR.</u>	<u>DAYTONA BEACH</u> <u>FL 32119</u>

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)(f), 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:

S. m. Sarazya

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-09-04

Date

386-586-2183

Daytime Phone #