

FILED

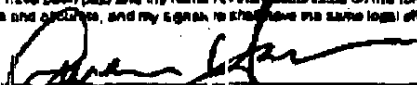
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APR 21 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLC RIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000067554					
1. Corporation Name Ho-Ja Commercial, Inc					
2. Principal Office Address 3155 NW 82nd Avenue		3. Mailing Office Address 3155 NW 82nd Avenue		REINSTATEMENT 01-04 4. Date incorporated or Qualified To Do Business in Florida 09-22-1983 5. FEI Number 65-0448734 Applying For ☐ New Application 6. CERTIFICATE OF STATUS DESIRED ☐	
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101			
City & State Miami		City & State Miami			
Zip 33122	Country US	Zip 33122	Country US		

7. Name and Address of Current Registered Agent	
Name United States Registered Agents, Inc.	
Street address (P.O. Box Number & NE AND / USMA) 329 Granello Avenue	
Suite, Apt. #, Etc.	
City Coral Gables	State FL Zip Code 33146

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		Date 4/21/04	
REQUESTED AGENT MUST SIGN			
9. Name and Street Addresses of Each Officer and/or Director (Please complete for corporations with at least 3 directors)			
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
PD	Doran A. Jaxon	3165 NW 82 Avenue, Suite 101	Miami, FL 33122
10. I certify that I am an officer or director of the corporation or a state employee 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 terminated, 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 name of the filer is listed on this form. Do not qualify for an exemption under section 119.07(3)(b), 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: 		Date 4-21-04 305 461-4400	
PRINT NAME AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR			

(H04000084723 3)

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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From:

Account Name : J L HOFMANN & ASSOCIATES, P.A.
Account Number : I19990000022
Phone : (305)461-4400
Fax Number : (305)461-4403

CORPORATION REINSTATEMENT

HO-JA COMMERCIAL, INC.

Certificate of Status	0
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