

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 MAY 17 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000068525**
1. Corporation Name **A. J. PROPERTIES, INC.**

400003255654--6
-05/17/00--01024--006
***1500.00 ***1500.00

2. Principal Office Address 30039 US HWY 19 NORTH		3. Mailing Office Address 30039 US HWY 19 NORTH	
Suite, Apt. #, etc. C/O LCF		Suite, Apt. #, etc. C/O LCF	
City & State CLEARWATER, FLORIDA		City & State CLEARWATER, FL 33761	
Zip 33761	Country US	Zip 33761	Country US

4. Date Incorporated or Qualified To Do Business in Florida 9/93	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number 59-3207753		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name JOHN THATCH		
Street Address (P.O. Box Number is Not Acceptable) 30039 US HWY 19 NORTH		
Suite, Apt. #, Etc. C/O LCF		
City CLEARWATER	State FL	Zip Code 33761

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 **5/1/00**

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
PRES	JOHN THATCH	30039 US HWY 19 NORTH	CLEARWATER, FL 33761

REINSTATEMENT 95-2012

T. LEWIS MAY 17 2000

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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00 727-424-3581

CR2E081 (9/99)