


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 JAN -2 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000000481**

1. Corporation Name

HJ ENTERPRISES, INC.

Principal Place of Business

2110 520 HIGHWAY WEST
UNIT 300 UNICORP DISTRICT 4
COCOA FL

Mailing Address

P.O. BOX 1653
TITUSVILLE FL 32781



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 01/04/1994	
Suite, Apt. #, etc. unit #73		Suite, Apt. #, etc.		5. FEI Number 59-3217158	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	STILES, JOHN	P.O. BOX 1653 N/A	TITUSVILLE FL 32781
VST	STILES, JOHN	P.O. BOX 1653 N/A	TITUSVILLE FL 32781

000002051880--3
01/09/97-01015-019
****375.00 ****375.00

JB1-3-97

8. Name and Address of Current Registered Agent

FLAGG, JAMES R
106 JULIA STREET
TITUSVILLE FL 32796

9. Name and Address of New Registered Agent

Name

JOHN STILES

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

205 Micanopy Ct.

Suite, Apt. #, Etc.

City

INDIAN HARB. BCH

State

FL

Zip Code

32937

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

H. John Stiles

REGISTERED AGENT MUST SIGN

Date

12/28/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

H. John Stiles

H. JOHN STILES

12/28/96 4077799908