

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP 22 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000033454**

1. Corporation Name

A.J. FOODS ENTERPRISES INC.

Principal Place of Business

Mailing Address

~~810 WEST 50TH ST.~~
~~HALEAH FL 33012-3241~~

~~8942 PONCE DE LEON~~
~~CORAL GABLES FL 33134~~

2342 Ponce de Leon Blvd.
CORAL Gables, FL 33134

P.O. BOX 5503
HIALEAH, FL 33014

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

2. New Principal Office Address, If Applicable

2342 Ponce de Leon Blvd

Suite, Apt. #, etc.

CORAL Gables, FL

City & State

Zip **33134**

Country **USA**

3. New Mailing Office Address, If Applicable

A.J. FOODS ENT, INC.

Suite, Apt. #, etc.

P.O. BOX 5503

City & State

HIALEAH, FL

Zip

33014

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/1994

5. FEI Number

65-0490965

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	SIGLER, JOSE I	810 WEST 50TH STREET 11580 SW 112 AVE.	HALEAH FL 33012 MIAMI, FL 33176
			200002302732--7
			-09/24/97--01103--001
			****423.75 ****423.75
			REINSTATEMENT 96-97
			200002302732--7
			-09/24/97--01103--002
			****500.00 ****500.00
			9-24-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIGLER, JOSE I

~~810 WEST 50TH STREET~~

~~HALEAH FL 33012~~

Name

Sigler, Jose I.

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

11580 SW 112 AVE

Suite, Apt. #, Etc.

MIAMI

City

MIAMI

State

FL

Zip Code

33176

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

REGISTERED AGENT MUST SIGN

Date

9/18/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-18-97 305 529-9225

OR2ED040 (7/96)