PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2021 AUG 13 AM 3:20

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DOCUMENT # P94000042536

1. Corporation Name C.F.J. INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
992 BICHARA BLVD	992 BICHARA BLVD.
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: THE VILLAGES, FL	City & State: THE VILLAGES, FL
Zip: 32159 Country: USA	Zip: 32159 Country: USA

CR2E031 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 6-03-1994

5. FEI Number: 593245623 ☐ 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: NORMA J. CARLINI

Street Address (P.O. Box Number is Not Acceptable): 19910 CARNATION RD

Suite, Apt. #, Etc.

City: ALTOONA State: FL Zip Code: 32702

REINSTATEMENT

2017-2021

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: Norma J. Carlini REGISTERED AGENT MUST SIGN Date: 7-20-2021

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
P	NORMA J. CARLINI	19910 CARNATION RD.	ALTOONA, FL 32702
V	NORMA J. CARLINI	19910 CARNATION RD.	ALTOONA, FL 32702
S	NORMA J. CARLINI	19910 CARNATION RD.	ALTOONA, FL 32702
T	NORMA J. CARLINI	19910 CARNATION RD	ALTOONA, FL 32702

10. E-mail Address: RCARL669@ADL.COM
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Norma J. Carlini NORMA J CARLINI 7-20-2021 352-753-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #