

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

DOCUMENT # **P94000094313**

1. Corporation Name  
**S & J ASSOCIATES, INC.**

**FILED**  
 97 OCT 27 PM 2:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 5252 TAMIRMITR S SARASOTA FL 34231 US	Mailing Address 5690 SARAH AVE SARASOTA FL 34233 US
--	--



**REINSTATEMENT** 97

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

2. New Principal Office Address, If Applicable <b>5690 SARAH AVENUE</b> Suite, Apt. #, etc. <b>SARASOTA</b> City & State <b>FL</b> Zip <b>34233</b> Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <b>12/30/1994</b>	
5. FEI Number <b>65-0542486</b>		Applied For <input type="checkbox"/> Not Applicable		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)

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
D	DOROSK, SHEILA K	4742 MEADOW VIEW CIRCLE	SARASOTA FL 34231
D	DOROSK, JOHN C	4742 MEADOW VIEW CIRCLE	SARASOTA FL 34231

200002333082--0  
 -10729797--01107--022  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent <b>DOROSK, JOHN C</b> <b>5690 SARAH AVE</b> <b>SARASOTA FL 34233</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>	
---	--	--	--

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 John C Dorosk REGISTERED AGENT MUST SIGN Date 10-22-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(l), 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: John C Dorosk **John C. Dorosk** Date 10-22-97 Daytime Phone # 941-923-6587

CR2E040 (8/97)