

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1996 OCT 31 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000031120

1. Corporation Name  
SJA, INC.

Principal Place of Business Mailing Address  
2111 AVALON RD SEBRING FL 33870 2111 AVALON RD SEBRING FL 33870

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/17/1995	
City & State		City & State		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
D	FERNANDEZ, JACKIE	2111 AVALON RD	SEBRING FL 33804
			600001998466--9 -11/07/96--01013--022 ****375.00 ****375.00

REINSTATEMENT *or to 1/15/96*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PIEDRA, ORLANDO C 5394 SW 119TH AVE FT LAUDERDALE FL 33330		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State	Zip Code
		FL	

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: SIGNATURE REQUIRED Date: 10/24/96

REGISTERED AGENT MUST SIGN

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 REQUIRED 10/28/96 (941)-471-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JACQUELINE FERNANDEZ  
Date Daytime Phone #

CR25040 (7/95)