

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JUL 12 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/30/99--01116--010
***1050.00 ***1050.00

DOCUMENT #

P95000080284

1. Corporation Name

SJ+J Hobbies

Principal Place of Business

Mailing Address

616 S.E. 10 St
Deerfield Beach FL 33441

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

12-8-95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0625994

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Stephan D. Augustus	854 E. Jeffrey St.	Boca Raton FL 33487
VP	Jeffrey Platt	14897 BalMoral Ln. #204	Delray Beach FL 33446

REINSTATEMENT 97-99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Harvey H. Harling
7000 W. Palmetto Pk Rd
Boca Raton FL 33433

Name

Susan D. Augustus

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

9360 Ketay Cr.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33428

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

Susan D. Augustus

REGISTERED AGENT MUST SIGN

Date 6-10-99

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)(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:

Stephan D. Augustus Stephan D. Augustus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-99 (954) 428-9118

Date Daytime Phone #

CR2E040 (1/98)