

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 19 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000011880

1. Corporation Name

C E J Holding, Inc

80001445898
03/21/03--01041--020 **1050.00

01-03 [Signature]

2. Principal Office Address

445 E. EAU GALLIE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

445 E. EAU GALLIE BLVD

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE, FL

Zip

32937

Country

BREVARD

Zip

32937

Country

BREVARD

4. Date Incorporated or Qualified
To Do Business in Florida

2-5-96

5. FEI Number

59-3458642

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

JAMES M. O'BRIEN

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

1686 W. Hibiscus Blvd.

Suite, Apt. #, Etc.

City

MELBOURNE

State
FL

Zip Code

32901

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/5/03

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
PRES.	CHARLES JOHNSON	501 OAK ST -	MELBOURNE BEACH, FL 32951

10. 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:

Charles B. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-03

Date

321-777-7675

Daytime Phone #

CR2E081 (10/02)