

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 # P96000024374			
1. Corporation Name DE JONG & ASSOCIATES, INC.			
Principal Place of Business 14510 S.W. 77 STREET MIAMI FL 33183		Mailing Address 14510 S.W. 77 STREET MIAMI FL 33183	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least one officer)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box No.)	
PD	DE JONG, CORNELIS J	14510 S.W. 77 STREET	
8. Name and Address of Current Registered Agent			Name
DE JONG, CORNELIS J 14510 S.W. 77 STREET MIAMI FL 33183			Street Address ()
			Suite, Apt. #, Etc. ()
			City ()
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of a registered agent.			
Signature of Registered Agent		SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/>			
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as per this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements, the debts and obligations owed by the corporation have been paid and the names of individuals listed on this form do not qualify for cancellation on this application is true and accurate, and my signature shall have the same legal effect as if made under seal.			
SIGNATURE: SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida		03/19/1996
5. FEI Number 65-0685633		Applied For 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) 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
PD	DE JONG, CORNELIS J	14510 S.W. 77 STREET	MIAMI FL 33183
	REINSTATEMENT 98		TS 12/30/98
		900002730019--4 -01/05/99-01029--001	
		****750.00	****750.00

CR2E040 (9/98)

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DE JONG, CORNELIS J 14510 S.W. 77 STREET MIAMI FL 33183		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 _____		Date <u>12/27/98</u>	
SIGN RE REQUIRED REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(See other side for information on intangible tax.)			

REGISTERED AGENT MUST SIGN

Signature of
Registered Agent

SIGN & DATE REQUIRED
REGISTERED AGENT MUST SIGN

REGISTERED AGENT MUST SIGN

Date 12/27/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

(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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/98 385-3091
Date Daytime Phone #