

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 DEC -2 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000056265

1. Corporation Name

EJC AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

4889 S CITATION DR
STE 203
DELRAY BEACH FL 33445
US

4889 S CITATION DR
STE 203
DELRAY BEACH FL 33445
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/1996

5. FEI Number

65-0706581

Applied For

Not Applicable

6. 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
D	LIZOTTE, ELLEN J	155 EXEC. CIRCLE	BOYNTON BEACH FL 33436

800002710528-- 3
-12/11/98--01080--019
*****758.00 *****758.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AHONEN, LISA M
1800 CORPORATE BLVD STE 302
BOCA RATON FL 33431

Name

Ellen Lizotte

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

4889 S. Citation Dr.

Suite, Apt. #, Etc.

203

City

Delray Bch

State

FL

Zip Code

33445

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 of Registered Agent
REGISTERED AGENT MUST SIGN

Date 11/23/98

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:

Signature of Officer or Director
Signature and Typed or Printed Name of Signing Officer or Director

Date 11/23/98

Daytime Phone # 561-266-9656