

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 096000085289

1. Corporation Name

LJ ENTERPRISES OF PASCO, INC.

Principal Place of Business

18306 Parrish Grove Rd.
Dade City, FL 33525

Mailing Address

12301 Hollow Stump Rd
Tampa, FL 33631

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-16-96

5. FEI Number

59-3415231

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	Wayne Jefferson	18306 Parrish Grove Rd.	DADE CITY, FL 33525

9000002391239--8
-01/06/98--01073--013
****750.00 ****750.00

8. Name and Address of Current Registered Agent

WAYNE Jefferson
18306 PARRISH GROVE RD
DADE CITY, FL 33525

9. Name and Address of New Registered Agent

Name
Mary Louise Ripple
Street Address (P.O. Box Number is Not Acceptable)
12301 Hollow Stump Rd
Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33637

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 Mary Louise Ripple
REGISTERED AGENT MUST SIGN

Date 12-23-97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-29-97 352-867-1759

Daytime Phone #

CR2E040 (12/96)