

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 17 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000094003

1. Corporation Name

THE FOUR J GROUP, INC.

Principal Place of Business

Mailing Address

178 ESTANCIA STREET
ST. AUGUSTINE FL 32085

178 ESTANCIA STREET
ST. AUGUSTINE FL 32085

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

11/15/1996

5. FEI Number

59-3409973

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A certificate fee is required
for all certificates 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	City / State / Zip
1	2	3	4
D	SACKS, LAWRENCE	178 ESTANCIA STREET	ST. AUGUSTINE FL 32085
P	SACKS, VICTORIA	178 ESTANCIA ST	ST AUGUSTINE FL
			700003060497--2 -12/03/99--01095--001 *****700.00 *****700.00
			700003060497--2 -12/03/99--01095--002 *****50.00 *****50.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FITZGERALD, DONALD P III
24 CATHEDRAL PLACE
SUITE 607
ST. AUGUSTINE FL 32085

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

Victoria Sacks
REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/19/99

KE

11. 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:

Victoria Sacks
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/15/99 897-1101
Daytime Phone #