

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND
FILED

98 DEC 23 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
REINSTATEMENT

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

DOCUMENT # P97000051083

1. Corporation Name

AJ ACCARDI, INC

Principal Place of Business

Mailing Address

1304 SW 160 AVE
#208
SUNRISE FL 33326

1304 SW 160 AVE
#208
SUNRISE FL 33326



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/10/1997	
City & State		City & State		5. FEI Number	
Zip		Zip		6650759687	
Country		Country		Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
D	ACCARDI, ALEXANDER J	1304 SW 160 AVE, #92	SUNRISE FL 33326
As per my conversation, I don't remember getting renewal and as per letter enclosed.			
900002722259-6 -12/24/98-01083-005 \$A, 12/23 ***150.00 ***150.00			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ACCARDI, ALEXANDER J 16640 BLATT BLVD #92 WESTON FL 33326		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 *Alexander J. Accardi* Date *11/13/98*

REGISTERED AGENT MUST SIGN

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: *Alexander J. Accardi* Date *Dec 13, 1998* Daytime Phone # *74-3897615*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALEXANDER J. ACCARDI

CR25040 (9/98)

AJ Accardi, Inc.

**Plumbing and Subwater Metering
1304 S.W. 160 Ave. Suite 208
Sunrise, Florida 33326**

**Phone (954) 389-7615
Fax (954) 349-8910
Email AJACCARD65@AOL.COM**

**Florida License Connecticut License
CFCO56744 P-1 203873**

November 13, 1998

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

To whom it may concern,

As per my conversation of 11/13/98 with Trevor I am writing this letter to acknowledge that she waived the penalty and other fees and as she stated I have enclosed a check #1911 in the amount of \$150.00.

Thank for your understanding and kindness.

Yours truly,

Alex Accardi, Pres.
AJ Accardi, Inc.



AJA/msd