

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **PA7000074033**  
1. Corporation Name **P & J, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**8283 W. BROWARD BLVD.**  
**PLANTATION, FL 33326** **SAME**

**REINSTATEMENT 98-99**

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

2. How Principal Office Address, If Applicable <b>8283 W. BROWARD BLVD.</b> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <b>8283 W. BROWARD BLVD.</b> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>8/26/97</b>	
City & State <b>PLANTATION, FLORIDA</b>		City & State <b>PLANTATION, FLORIDA</b>		5. FEI Number <b>65-0778508</b>	
Zip <b>33326</b>		Zip <b>33326</b>		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75</b> 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	NASCA, NICHOLAS	8283 W. BROWARD BLVD.	PLANTATION, FL 33326
S/T/D	MANNINO, GIUSEPPI	8283 W. BROWARD BLVD.	PLANTATION, FL 33326
			000002949640--3 -08/03/99--01095--007 *****900.00 *****900.00
			000002949640--3 -08/03/99--01095--008 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

**GIUSEPPI MANNINO**  
**10115 CLEARY BLVD.**  
**PLANTATION, FL 33324**

9. Name and Address of New Registered Agent

Name <b>GIUSEPPI MANNINO</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>8283 W. BROWARD BLVD.</b>	
Suite, Apt. #, Etc.	
City <b>PLANTATION</b>	State Zip Code <b>FL 33326</b>

I, the undersigned, being 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: *Giuseppe Mannino*  
REGISTERED AGENT MUST SIGN

Date: **7-8-1999**

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

I, the undersigned, being 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 to 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:

*Giuseppe Mannino*  
GIUSEPPI MANNINO

Date: **7-8-1999**  
Daytime Phone: **748-1999**