

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 21 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97 0000 76641

1. Corporation Name

PJSM, Inc.

2. Principal Office Address

3310 N. OCEANSHORE

Suite, Apt. #, etc.

City & State

FLAGLER BCH. FL

Zip 32136

Country

USA

3. Mailing Office Address

25 Pine Cone Dr.

Suite, Apt. #, etc.

Suite 2A

City & State

Palm Coast, FL

Zip

32164

Country

USA

REINSTATEMENT 01-04

4. Date Incorporated or Qualified
To Do Business in Florida

2/9/97

5. FEI Number

59-3468061

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ben Savvy

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

25 Pine Cone Dr

Suite, Apt. #, Etc.

Suite 2A

City

Palm Coast

State

FL

Zip Code

32164

800037432448

05/28/04--01049--016 **1200.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/17/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Patricia J. Moden	3310 N. OCEANSHORE BLVD	Flagler Bch., FL 32136
V-P	John C. Moden	"	"

10. 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:

John C. Moden, V-P, John C. Moden

Date

5/14/04

Daytime Phone #

386

445-5528

CFR2081 (01/04)