

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3- AM 9:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P97000088273**

1. Corporation Name

S & J ENGRAVING, INC.

Principal Place of Business

Mailing Address

8218 WILES ROAD
RIVERSIDE SQ.
CORAL SPRINGS FL 33067

8218 WILES ROAD
RIVERSIDE SQ.
CORAL SPRINGS FL 33067

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

10/13/1997

5. FEI Number

65-0803741

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	MCKINNEY, SUZANNE	8218 WILES ROAD	CORAL SPRINGS FL 33067
DVPS	MCKINNEY, STEVE	8218 WILES ROAD	CORAL SPRINGS FL 33067
DPST	FILLINGER, JENNIFER	8218 Wiles Rd	Coral Springs FL 33067

100024377531
11/03/03 01048 003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~FILINGS, INC.~~
~~3792 N.W. 10TH STREET~~
~~FT. LAUDERDALE FL 33311 4132~~

Name

JENNIFER FILLINGER

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

8218 WILES RD

Suite, Apt. #, Etc.

CORAL SPRINGS

City

State

FL

Zip Code

33067

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. or 617.0505, F.S.

Signature of
Registered Agent

Jennifer Fillinger
REGISTERED AGENT MUST SIGN

Date

10/23/03

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:

Jennifer Fillinger **Jennifer Fillinger** 10/23/03 954-796-9485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

8218 Wiles Rd.
Coral Springs, FL 33067
(954) 796-9485

S & J Engraving, Inc.

October 23, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

Dear Sir or Madam:

We have no record of receipt of the original 2003 Uniform Business Repot Form. We therefore missed the filing date and have just become aware that the corporation has been dissolved/revoked. We would like to request that you waive the reinstatement fee and accept this payment of \$150.00 for the 2003 UBR filing fee.

Sincerely,



Jennifer Fillinger
Director/President

