

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000025597

1. Corporation Name

C.J.N.. INC.

Principal Place of Business

542 LEWIS MORRIS ST
ORANGE PARK, FL 32073

Mailing Address

542 LEWIS MORRIS ST
ORANGE PARK FL 32073

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

2. New Principal Office Address, If Applicable

369 BLANDING BLVD -
Suite, Apt. #, etc.

Suite N-01

City & State
ORANGE PARK, FL

Zip Country
32073 U.S.A.

3. New Mailing Office Address, If Applicable

369 BLANDING BLVD -
Suite, Apt. #, etc.

Suite N-01

City & State
ORANGE PARK, FL

Zip Country
32073

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1998

5. FEI Number

59-3502470

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	NOTO, CHRISTOPHER J	542 LEWIS MORRIS ST	ORANGE PARK FL 32073
D	MAHN, MARIA L (REMOVED)	542 LEWIS MORRIS ST	ORANGE PARK FL 32073
			100004765281--2 -01/10/02--01069--012 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

NOTO, CHRISTOPHER J
542 LEWIS MORRIS ST
ORANGE PARK FL 32073

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-28-2001

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] CHRIS J. NOTO 12-28-2001 274-5444



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (8/01)