

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000043805

1. Corporation Name

C.S.J.J. LAND CORPORATION

Principal Place of Business

3706 31ST AVENUE WEST
BRADENTON FL 34205

Mailing Address

3706 31ST AVENUE WEST
BRADENTON FL 34205

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

2. New Principal Office Address, If Applicable

~~3650 Fowler St.~~

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~9091 Pittsburgh Blvd.~~

Suite, Apt. #, etc.

City & State

Ft Myers FL

City & State

Ft Myers FL

Zip

33901

Country

USA

Zip

33901

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/1998

5. FEI Number

65-0836589

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
VPS	LYERLY, JAMES S	4571 RIVERVIEW BLVD.	BRADENTON FL 34209
P	AMBROSE, JOSEPH	3706 31ST AVE., W.	BRADENTON FL 34205

8. Name and Address of Current Registered Agent

PERRON, ANDRE R
2808 MANATEE AVENUE WEST
BRADENTON FL 34205

9. Name and Address of New Registered Agent

Name

Joseph Ambrose

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

9091 Pittsburgh Blvd. LS

Suite, Apt. #, Etc.

City

Ft Myers

State

FL

Zip Code

33902

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

Joseph Ambrose

REGISTERED AGENT MUST SIGN

Date

12-7-00

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:

Joseph Ambrose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/7/2000 (941) 267-584

Daytime Phone #

FILED

01 JAN 22 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

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****758.75 ****758.75

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