

2004 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P98000055359 1. Entity Name ARJAY INVESTMENTS OF BOCA, INC.				 FILED 04 OCT 25 PM 3:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA 01/09/04 90068 006 150 ⁰⁰ 	
Principal Place of Business 22167 SERENATA CIRCLE E BOCA RATON, FL 33433		Mailing Address 22167 SERENATA CIRCLE E BOCA RATON, FL 33433		10222004 REIN-P CR2E098 (6/04) 4. FEI Number 65-0843674 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HEDDLE, JOAN 22167 SERENATA CIRCLE E BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEDDLE, JOAN 22167 SERENATA CIR E BOCA RATON, FL 33433 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEDDLE, JOAN 22167 SERENATA CIR E BOCA RATON, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Joan L. Heddle</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<i>Oct. 22, 2004</i> Date Daytime Phone #		

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Please find enclosed my corrected annual report, in response to your letter of Jan. 13, 2004. This was mailed to me, corrected, and mailed back to you. The mail was lost somewhere along the way and you never received my form. This is my replacement, please file my report.

FILED
OCT 25 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA