

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000088031**

1. Corporation Name

A & J AMERICA EQUIPMENT, INC.

Principal Place of Business

525 NW 27TH AVE
SUITE 207
MIAMI FL 33125
US

Mailing Address

525 NW 27TH AVE
SUITE 207
MIAMI FL 33125
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1998

5. FEI Number

65-0872082

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
PVST:	MARTINEZ, MARTHA E	525 NW 27TH AVE., SUITE 207 A	MIAMI FL 33125
D	MARTINEZ, MARTHA E	525 NW 27TH AVE., SUITE 207 A	MIAMI FL 33125

400004706054--2
-12/05/01--01053--017
****150.00 ****150.00

8. Name and Address of Current Registered Agent

MARTINEZ, MARTHA E
525 NW 27TH AVE
SUITE 207 A
MIAMI FL 33125

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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED
Marta Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-1-01

FILED

01 NOV 13 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/01)

272

**A. & J. AMERICA EQUIPMENT, INC.
525 N.W. 27TH AVE, STE 207A
MIAMI, FL. 33125-3038**

Florida Department of State
Division of Corporation

To whom it may concern;

Document Number: P98000088031

This letter is to inform you that we never received the 2001 corporation annual fee. We called and were told to fill out the application for reinstatement.

Thank you for your time. If you have any questions please call at the number listed below (305)642-9327.

Regards,

Martha Martinez

Martha E. Martinez