

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -6 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000102135

1. Corporation Name
C. J. & J. ENTERPRISES OF CENTRAL FLORIDA, INC.

2. Principal Office Address
9118 BRENDAN PRESERVE CT
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. BOX 366 355
Suite, Apt. #, etc.

REINSTATEMENT 03-24

City & State
BONITA SPRINGS, FL
Zip Country
34135 US

City & State
BONITA SPRINGS, FL
Zip Country
34136 US

4. Date Incorporated or Qualified To Do Business in Florida
12-08-1998

5. FEI Number
59-3546657
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RACIOPPI, CARL W.
Street Address (P.O. Box Number is Not Acceptable)
9118 BRENDAN PRESERVE CT
Suite, Apt. #, Etc.
City
BONITA SPRINGS
State Zip Code
FL 34135
400035721004
05/06/04--01067--004 **300.10

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	RACIOPPI, CARL W.	9118 BRENDAN PRESERVE CT	BONITA SPRINGS, FL 34135
DV	RACIOPPI, JASON J.	9118 BRENDAN PRESERVE CT	BONITA SPRINGS, FL 34135
DT	RACIOPPI, MARGARET H.	9118 BRENDAN PRESERVE CT	BONITA SPRINGS, FL 34135

10. 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: Carl Racoppi 4-26-04 239-949-1126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)

TR

Hensley
&
Company PA

CPA

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American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

Certified Public Accountants

- Business & Personal Tax & Accounting
- Mortgages- Residential, SBA, Commercial

Monday, May 03, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

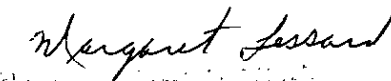
**RE: C. J. & J. Enterprises of
Central Florida.
Document #: P98000102735**

Dear Sirs:

Please find my client's Corporation Reinstatement and enclosed check for \$300.00. Fees being paid for the year 2003 and 2004. Please waive penalty and reinstate corporation as client has not received prior notices.

Thank you,

Respectfully,



Margaret Lessard
Hensley & Company, PA