

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 OCT 31 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000007028**

1. Corporation Name

CJO ENTERPRISES INC.

Principal Place of Business

570 43RD ST
WEST PALM BEACH FL 33407

Mailing Address

931 VILLAGE BLVD
905-400
WEST PALM BEACH FL 33409

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

01/19/1999

5. FEI Number

65-0978174

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
P	OCCHIPINTI, CHRISTOPHER J	931 VILLAGE BLVD 905-400	WEST PALM BEACH FL 33409
ST	CAULFIELD, MARY	5712 57TH WAY	WEST PALM BEACH FL 33409

000004691080--8
-11/21/01--01055--008
****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

LIOCE, DOMINICK
1645 PALM BCH LAKES BLVD
#1200
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name **(Self) CJO Chris Occhipinti**
Street Address (P.O. Box Number is Not Acceptable)
510 43rd STREET
Suite, Apt. #, Etc.
City **West Palm Beach** State **FL** Zip Code **33407**

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

10/25/01

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] **Christopher J. Occhipinti**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/01

Daytime Phone #

361-254-4963

CR20040 (8/01)