

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 13 PM 6:50

DOCUMENT # P99000012100

1. Corporation Name

CNJ OF PINELLAS, INC.

Principal Place of Business

Mailing Address

~~2928 SHANNON CIR~~
~~PALM HARBOR FL 34684~~

~~2928 SHANNON CIR~~
~~PALM HARBOR FL 34684~~



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

2. New Principal Office Address, If Applicable

8702 N. 40th Street

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Tampa 1

City & State

Zip

Country

FL

33617

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1999

5. FEI Number

59-3556845

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	ASLAN, JANDARGINE A	2928 SHANNON CIR	PALM HARBOR FL 34684
V	KERIO, MICHAEL	2706 TUNG DRIVE	HOLIDAY FL 34691

800004703658--9
-12/04/01-01030-020
****150.00 ****150.00

11/23

8. Name and Address of Current Registered Agent

ASLAN, JANDARGINE A
2928 SHANNON CIR
PALM HARBOR FL 34684

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/01)

November 01, 2001

Florida Department of Revenue
Division of corporations
2001 Uniform Business Report

From: CNJ Of Pinellas Inc.
8702 N. 40th Street
Tampa Florida 33617

Dear Sir / Mrs.,

The principal place of business and the mailing address shown on the UBR form is not correct. I assume this could be the reason why I did not receive the UBR form for the first and the second time. Yet mysteriously I have received the notice of dissolution, thus I was surprised of the contents of it. Being ignorant with such I've never expected to one. As I become knowledgeable with this form right now, I will be expecting it every year.

Due to lack of information and ignorant of various laws, I'd like you to accept the enclosed check for \$150.00 representing the original annual fee for the 2001 Uniform Business Report.

Thank you for your understanding and cooperation in solving this matter. If additional information is needed, please do not hesitate to write or call @ (813) 980-0427.

Sincerely,

Michel Kerio
President