

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith,  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 16 PM 3:36

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000037593

1. Corporation Name

AJA INTERNATIONAL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

436 21ST ST  
VERO BEACH FL 32960

436 21ST ST  
VERO BEACH FL 32960

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/23/1999

5. FEI Number

65-0914184

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
D	SILVESTRI, CHERYL	240 14TH STREET	VERO BEACH FL 32960

500009500845  
02/28/03--01038--025 \*\*\$600.00

500009500845  
12/19/02--01021--015 \*\*\$600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SILVESTRI, CHERYL

240 SEAGULL AVE.  
240 14TH ST

VERO BEACH FL 32960

Name

Street Address (P.O. Box Number is Not Acceptable)

240 SEAGULL AVE.

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-27-02

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-27-02  
Date

772-473-6007  
Daytime Phone #

CR2E040 (9/02)