

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000074723

1. Entity Name  
AJBEK, INC.



FILED

04 DEC 10 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11092004 REIN-P CR2E098 (6/04)

Principal Place of Business

1822 NW 94TH AVE  
PLANTATION, FL 33322 US

Mailing Address

1822 NW 94TH AVE  
PLANTATION, FL 33322 US

2. Principal Place of Business

2041 Champions Way

Suite, Apt. #, etc.

3. Mailing Address

2041 Champions Way

Suite, Apt. #, etc.

City & State

North Lauderdale FL

Zip  
FL 33068

Country  
USA

City & State

North Lauderdale FL

Zip  
33068

Country  
USA

4. FEI Number

65-0947295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOMLINSON, JOHN L  
500 NW 62ND ST  
STE 455  
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GESOGLU, BEKIR S 1852 N WEST 94TH AVE PLANTATION, FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2041 Champions Way  
Plantation, FL North Lauderdale FL 33068

600043328176  
12/10/04--01018--009 \*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bekir Gesoglu

Date

Signature Phone #

12/7/04 9547719336

Ajbek, Inc.  
2041 Champions Way  
North Lauderdale, FL 33068

2002

October 25, 2004

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

RE: P99000074723

Gentlemen:

Please reinstate our company since we moved during last year and we did not get our renewal notice. Please waive the penalty and change your records to the above address. Enclosed please find our check for \$150.00

Very truly yours



Bekir S. Gesoglu