

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1

DOCUMENT # P99000080712

1. Corporation Name

A. J. RELIABLE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1011 VANNESSA DRIVE
OVIDO FL 32765

1011 VANNESSA DRIVE
OVIDO FL 32765



08/29/00 90032 US8 5560

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3598085

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
President	Jason C. Fox	1011 VANNESSA Dr. OVIDO, FL 32765	OVIDO FL 32765

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FOX, JASON C
1011 VANNESSA DRIVE
OVIDO FL 32765

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-17-00

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

Date

10-17-00

Daytime Phone #

(407) 260-9600

(2)

AA-Auto Insurance
7020 Hwy 17-92
Fern Park FL 32730
(407) 260-9600

Divison Of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee FL 32314-6327

To: Florida Dept. Of State

RE: A. J. Reliale Enterprises, Inc.
Document # P99000080712

I am sending in this application for reinstatement. Per my conversation with a representative, I was told to complete this form and ask for the reinstatement, Fee to be waived. I am aware that my original UBR was rejected on 08/31/00.

I did complete the form you had sent me and I re-sent it to you the first week in September. Please if anything further is needed let me know.

Thank you,

AA-Auto Insurance

Jason Fox