

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

02 JUL 19 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700006628517--5  
-07/24/02--01054--031  
\*\*\*1050.00 \*\*\*1050.00

CORPORATION  
REINSTATEMENT



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

DOCUMENT #

1. Corporation Name

NAJKO INC. 999000081077

2. Principal Office Address

9144 S US #1  
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Port St Lucie, Fla.

City & State

Zip

34952

Country

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

9-7-99

5. FEI Number

65-0183146

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

CHARLES CLARK

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

901 MARTIN DOWNS

Suite, Apt. #, Etc.

City

PAUM CITY

State  
FL

Zip Code

34990

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

7/11/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CHARLES NAJJAR	9144 S. US HWY 1 PORT ST LUCIE, FLA.	PORT ST LUCIE, FLA.

10. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/2002

Date

Daytime Phone #

CR2E081 (9/01)

7/11/02