

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 SEP 18 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000096229

1. Corporation Name

SJR, Inc.

2. Principal Office Address

949 Bird Bay Court

Suite, Apt. #, etc.

#205

City & State

Lake Mary, FL

Zip

32746

Country

USA

3. Mailing Office Address

P.O. Box 541081

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32854-1081

Country

USA

REINSTATEMENT 00-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/2/99

5. FEI Number

59-3241654

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Monique M. Edwards, Esquire

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

1302 East Robinson Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801-2178

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

Monique M. Edwards
REGISTERED AGENT MUST SIGN

Date

5/14/02

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 |
|--------|--------------------------------------|---|--------------------|
| Pres. | Samuel J. Robinson | P.O. Box 541081 | Orlando, FL 32854 |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel J. Robinson

Date

5/14/02 (407) 721-4826

Daytime Phone #