

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 21 AM 8:30

DOCUMENT # P99000101767

1. Corporation Name

AC and JA, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 02-03

2. Principal Office Address

2800-N-Military-Trail

3. Mailing Office Address

SAM

Suite, Apt. #, etc.

121

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

33409

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0962679

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

400021703934

07/21/03--01047--016 **900.00

7. Name and Address of Current Registered Agent

Name

Gene Cochran

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

165 Bent Tree

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33408

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

Gene Cochran

Date

4/25/03

REGISTERED AGENT MUST SIGN

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-D	Tony Costa	2800 N Military Trl	West Palm Bech, Fl 33409
VP-D	John Atteo	2800 N Military Trl	West Palm Bech, Fl 33409

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

Anthony Costa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-1-03 (561) 640-7911

Daytime Phone #

7/2/02

CR2E081 (10/02)