

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P99000106804

1. Corporation Name

CJG INC.

Principal Place of Business Mailing Address
1909 S. RIVERSIDE DRIVE #6 1909 S. RIVERSIDE DRIVE #6
EDGEWATER FL 32141 2538 Country Pl. Blvd. EDGEWATER FL 32141
New Port Richey, FL 34655



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 2538 Country Place Blvd Suite, Apt. #, etc. New Port Richey FL City & State		3. New Mailing Office Address, If Applicable 2538 Country Place Blvd Suite, Apt. #, etc. New Port Richey FL City & State		4. Date Incorporated or Qualified To Do Business in Florida 12/09/1999
Zip 34655	Country USA	Zip 34655	Country USA	5. FEI Number
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
Pres	Charles J. Gianino	2538 Country Place Blvd	New Port Richey FL 34655
Secy Treas	Rochelle S. Gianino	2538 Country Place Blvd	New Port Richey FL 34655

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-12/08/00--01012--005
***150.00 ***150.00
11/12/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GIANINO, CHARLES J
1909 S. RIVERSIDE DRIVE #6
EDGEWATER FL 32141

Name
Charles J. Gianino
Street Address (P.O. Box Number is Not Acceptable)
2538 Country Place Blvd
Suite, Apt. #, Etc.
City
New Port Richey
State
FL
Zip Code
34655

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 11/10/00

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

11-10-00

Date Daytime Phone #

CR2E040 (8/00)

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106804

②

• • • Charles J. Gianino
2538 Country Place Boulevard
New Port Richey, FL 34655

November 10, 2000

The Honorable Katherine Harris,
Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Dear Madam Secretary:

I have just received a booklet informing me of the dissolution of my corporation because of non-renewal. Please be advised that the only information I have ever received regarding my corporation was forwarded from my previous address of record, and arrived at my new address only this past week.

I have not had and currently do not have any intention of dissolving this corporation. I am, therefore, respectfully requesting reinstatement of CJG, Inc. and sending you the enclosed check of \$150.00

Sincerely,

Charles J. Gianino

Charles J. Gianino
CJG, Inc.

Enclosure