PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINICTATEMEN'



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	DO	Cl	JM	EN	T #
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S42608

1. Corporation Name

A.M. AND J.P. INC.

Principal Place of Business

Mailing Address

2231 KINGSLAKE BLVD NAPLES FL 34112

2231 KINGSLAKE BLVD NAPLES FL 34112

US US					1							
If above a	ddresses are	incorrect in	any way, line t	nrough incorrect	information a	nd enter corre	ection below.	70 01/27	0 <mark>00276</mark> 70401019-	555 -018	537 **75	8.75
			iling Office Ac	ing Office Address, If Applicable			porated or Qualified	1				
Suite, Apt. #, etc. Suite, Apt. #			#, etc.	, etc.			— 04/01/1991					
**								5. FEI Numb			L	Applied For
City & State	City & State City & State)				65-0282299			Not Applicable
Zip		Country		Zip		Country	<u>*</u>	CERTIFICAT	TE OF STATUS DESIR	ED S		tional Fee required
7. Names	and Street Ad	dresses of I	Each Officer an	d/or Director (F	orida nonprof	it corporations	s must list at le	ast 3 directors)				
Title(s)	Name of Officers and/or Directors			3	Street Address of Each Officer and/or Director			4	City / S	State / Zip		
DPT	PAVEY, STANLEY			2231 KIN	2231 KINGSLAKE BLVD.			NAPLES FL 34112				
vP	ROSE	M.	Robert	,೦೬೭	2231	KING	es lake	. هرسه	Malies	FL	341	12
				·				70 02/05.	100276 /0401060-	555 -019	**14)	1.25
Name and Address of Current Registered Agent						Name and Address of New Registered Agent						
HAZZARD, WILLIAM J ESQ 365 5TH AVENUE SOUTH., SUITE 202 NAPLES FL 34102					St	Stanley Pavey- Street Address (P.O. Boy Number is Not Acceptable) 2231 Kings Lake Blud - Suite Apt. #. Etc.						
-** 			agent of the a	ove named cor	poration am f	Ci	<u> </u>	aples	ation 607.0505, F.S.	F		ode 4112

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

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 faid 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 accurage, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #