

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S72069

1. Corporation Name

A AND J BENEFIT CORPORATION

Principal Place of Business

1535 ARCHER ROAD
P.O. BOX 1047
GAINSVILLE FL 32602

Mailing Address

1535 ARCHER ROAD
P.O. BOX 1047
GAINSVILLE FL 32602

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business In Florida

08/09/1991

5. FEI Number

59-3093680

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	LIUZZO, ANTHONY	1535 ARCHER ROAD	GAINSVILLE FL

100002737351--2
-01/12/99--01005--005
****750.00 ****750.00

8. Name and Address of Current Registered Agent

PONCE, S. DANIEL ESQ.
3300 CENTRUST FINANCIAL CENTER
100 SOUTHEAST 2ND STREET
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
Richard T. Jones, P.A.
Street Address (P.O. Box Number is Not Acceptable)
912 NE Second Street
Suite, Apt. #, Etc.
City **Gainesville** State **FL** Zip Code **32602**

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

12/18/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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
Anthony Liuzzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/18/98 3523769983

CR2E040 (9/98)