

APPLICATION
FOR *reinstatement*
REINSTATEMENT



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
CJ RECORDS, INC.

Principal Place of Business
300 INTERNATIONAL PARKWAY
SUITE 300
HEATHROW FL 32746

Mailing Address
300 INTERNATIONAL PARKWAY
SUITE 300
HEATHROW FL 32746

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

2. New Principal Office Address, If Applicable
195 Wekiwa Springs Rd
Suite, Apt. #, etc.
Suite 100
City & State
Longwood, Florida
Zip
32779 Country
USA

3. New Mailing Office Address, If Applicable
195 W. Kiva Springs Rd.
Suite, Apt. #, etc.
Suite 100
City & State
Hollywood, Florida
Zip
33779
Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 06/29/1992

5. FBI Number **59-3131717**

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	DEFALCO, JAMES G	300 INTERNATIONAL PKWY 195 Wekiwa Springs Rd, Suite 100	HEATHROW FL Longwood, FL 32775
			400002243174--2 -07/21/97--01119--009 ****575.00 ****575.00
			400002243174--2 -07/21/97--01119--010 ****348.75 ****348.75

B. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEFALCO, JAMES G
300 INTERNATIONAL PARKWAY
SUITE 300
HEATHROW FL 32746

Name _____

Street Address (P.O. Box Number is Not Acceptable)
195 Wekiva Springs Rd.
Suite, Apt. #, Etc.

Suite 100
City
honeywood

State FL	Zip Code 32779
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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

REGISTERED AGENT MUST SIGN

Date 4-29-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

Date _____

407-333-0303

Daytime Phone # _____

CONFIDENTIAL (7)(F)