PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2015 MAY 14 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96349

1. Corporation Name

D.J.C. Enterprises, Inc.

REINSTATEMENT

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1383 N. Military Trail	1383 N. Military Trail
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33409 Country: USA	Zip: 33409 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/24/1990

5. FEI NUMBER: 650295846 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent:

Name: Tim Howe

Street Address (P.O. Box Number is Not Acceptable): 1383 N. Military Trail

City: West Palm Beach State: FL Zip Code: 33409

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 4-25-15

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
PST	Tim W. Howe	1383 N. Military Trail	West Palm Beach, FL 33409

10. E-mail Address: howe@pbsb.org
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 4-25-15 561-371-9570

(Typed or Printed Name of Person Signing) (Title of Person Signing, if Applicable) (Date) (Telephone Number)

MAY 20 2014

C. CARROTHERS