


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 24 AM 8:00

REINSTATEMENT 04

|                                                                                           |                                                                                   |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000027103</b><br>1. Entity Name<br><b>D &amp; J TRANSPORTATION, INC.</b> |  |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br><b>4748 N.W. 6TH AVENUE<br/>POMPAÑO BEACH, FL 33064</b> | Mailing Address<br><b>4748 N.W. 6TH AVENUE<br/>POMPAÑO BEACH, FL 33064</b> |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

|                                |                     |     |         |  |  |
|--------------------------------|---------------------|-----|---------|--|--|
| 2. Principal Place of Business | 3. Mailing Address  |     |         |  |  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |     |         |  |  |
| City & State                   | City & State        |     |         |  |  |
| Zip                            | Country             | Zip | Country |  |  |



|                                                              |                          |                                       |            |
|--------------------------------------------------------------|--------------------------|---------------------------------------|------------|
| 11222004                                                     | REIN-P                   | CR2E098 (6/04)                        | <i>MRS</i> |
| 4. FEI Number<br><b>01-0634962</b><br><del>APPLIED FOR</del> | Applied For              |                                       |            |
|                                                              | Not Applicable           |                                       |            |
| 5. Certificate of Status Desired                             | <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |            |

**6. Name and Address of Current Registered Agent**

**SHARI, SHENDELL J**  
**4748 N.W. 6TH AVENUE**  
**POMPAÑO BEACH, FL 33064**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Shari Shendell*      DATE: 11/22/04

(NOTE: Registered Agent signature required when reinstating)

|                                                                                          |                                                                                              |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2005, Fee will be \$300.00</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS |                                   |
|----------------------------|-----------------------------------|
| TITLE                      | P <input type="checkbox"/> Delete |
| NAME                       | SHARI, SHENDELL J                 |
| STREET ADDRESS             | 4748 N.W. 6TH AVENUE              |
| CITY-ST-ZIP                | POMPAÑO BEACH, FL 33064           |
| TITLE                      | V <input type="checkbox"/> Delete |
| NAME                       | MICHAEL, SHENDELL L               |
| STREET ADDRESS             | 4748 N.W. 6TH AVENUE              |
| CITY-ST-ZIP                | POMPAÑO BEACH, FL 33064           |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  | 900042998809                                                      |
| STREET ADDRESS                                        | 11/24/04--01038--015 **150.00                                     |
| CITY-ST-ZIP                                           |                                                                   |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  |                                                                   |
| STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                                           |                                                                   |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  |                                                                   |
| STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                                           |                                                                   |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  |                                                                   |
| STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                                           |                                                                   |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  |                                                                   |
| STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                                           |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shari Shendell*      Date: 11/22/04      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR