


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

|  |   |
|--|---|
| <b>DOCUMENT # P06000057197</b><br>1. Entry Name<br>DTJ INC |  |
|--|---|

FILED

09 APR 28 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| Principal Place of Business<br>1020 EDGEWOOD AVENUE<br>SUITE # 3<br>JACKSONVILLE, FL 32254 US | Mailing Address<br>1020 EDGEWOOD AVENUE<br>SUITE # 3<br>JACKSONVILLE, FL 32254 US |
|---|---|



REINSTATEMENT

08-09

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>1020 EDGEWOOD AVE. N.<br>Suite, Apt. #, etc.<br>SUITE 3 | 3. Mailing Address<br>1020 EDGEWOOD AVE. N.<br>Suite, Apt. #, etc.<br>SUITE 3 |
|---|---|

|                                 |                                  |              |                 |
|---------------------------------|----------------------------------|--------------|-----------------|
| City & State<br>JACKSONVILLE FL | City & State<br>JACKSONVILLE, FL |              |                 |
| Zip<br>32254                    | Country<br>U.S.                  | Zip<br>32254 | Country<br>U.S. |

|  |  |
|--|--|
| 4. FEI Number<br>20-4737047  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

6. Name and Address of Current Registered Agent

CHOU, JOSEPH  
 1020 EDGEWOOD AVENUE NORTH  
 SUITE # 3  
 JACKSONVILLE, FL 32254

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS |                                    |
|----------------------------|------------------------------------|
| TITLE                      | VP <input type="checkbox"/> Delete |
| NAME                       | CHUANG, TERRY                      |
| STREET ADDRESS             | 539 N MILLS AVE                    |
| CITY - ST - ZIP            | ORLANDO, FL 32803                  |
| TITLE                      | D <input type="checkbox"/> Delete  |
| NAME                       | CHOU, JOSEPH                       |
| STREET ADDRESS             | 539 N MILLS AVE                    |
| CITY - ST - ZIP            | ORLANDO, FL 32803                  |
| 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  |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP                                       |   |
| TITLE   | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | CHOU, JOSEPH  |
| STREET ADDRESS  | 1020 EDGEWOOD AVE. N. SUITE 3                                       |
| CITY - ST - ZIP                                       | JACKSONVILLE, FL 32254  |
| 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 exemptions contained in Chapter 119, 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: Joseph Chou Director 4/13/2009 904-693-0809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/18