

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049877

1. Corporation Name

3 J DESIGN, INC.

Principal Place of Business

145 Village Circle
Jupiter, FL 33458

Mailing Address

145 Village Circle
Jupiter, FL 33458

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

2. New Principal Office Address, If Applicable
370 Oak Avenue

Suite, Apt. #, etc

3. New Mailing Office Address, If Applicable
370 Oak Avenue

Suite, Apt. #, etc

4. Date Incorporated or Qualified To Do Business in Florida

June 27, 1995

5. FEI Number

65-0612055

Applied For
Not Applicable

City & State
Tequesta, FL

Zip Country
33469 USA

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Tequesta, FL

Zip Country
33469 USA

6. CERTIFICATE OF STATUS DESIRED

XX \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City/State/Zip. Rows include John McGuinness, James McGuinness, Robert Landrum, Donald Kane, Eugene Fall.

8. Name and Address of Current Registered Agent

Robert Landrum
13325 La Mirada Circle
Wellington, FL 33414

9. Name and Address of New Registered Agent

Philippe Jeck, Esquire
Street Address (P.O. Box Number is Not Acceptable)
Jeck, Harris & Jones, LLP
Suite, Apt. #, Etc
1061 E. Indiantown Rd, Suite 400
City
Jupiter
State FL Zip Code 33477

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]

Philippe Jeck, Esquire

REGISTERED AGENT MUST SIGN

Date

6/1/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes [ ] No [X]

(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] Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/1/99

Date

5617432730

Daytime Phone #

CR02081 (12-99)