


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

**FILED**

01 APR 12 PM 12:56

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000049877**

1. Corporation Name  
**3J DESIGN, INC**

800004064338--1  
 -04/24/01--01086--017  
 \*\*\*\*900.00 \*\*\*\*900.00

2. Principal Office Address <b>407 Commerce Way</b>		3. Mailing Office Address <b>407 Commerce Way</b>	
Suite, Apt. #, etc. <b>16 A</b>		Suite, Apt. #, etc. <b>16 A</b>	
City & State <b>Jupiter, Fl.</b>		City & State <b>Jupiter, Fl</b>	
Zip <b>33458</b>	Country <b>USA</b>	Zip <b>33458</b>	Country <b>USA</b>

**REINSTATEMENT** **00-01**

4. Date Incorporated or Qualified To Do Business in Florida  
**06/27/1995**

5. FEI Number  
**65-0612055**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**John McGuinness**

Street Address (P.O. Box Number is Not Acceptable)  
**5245 Center St.**

Suite, Apt. #, Etc.  
**LS**

City  
**Jupiter**

State  
**FL**

Zip Code  
**33458**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **John McGuinness** Date **April 10, 2001**

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
P/D	McGuinness, John	5245 Center St	Jupiter, Fl. 33458
TSD	McGuinness, James	2327 Camino Rancho Siringo	Santa Fe, NM 87505
D	Landrum, Robert	819 Cindy Circle Lane	Wellington Fl. 33414
D	Kane, Donald	18040 Crown Quay Lane	Jupiter, Fl. 33458
D	Fall, Eugene	3840 NE 31 <sup>st</sup> Avenue	Lighthouse Point, Fl 33061

10. 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: **John McGuinness - John McGuinness** Date **4/10/01** Daytime Phone # **561 743 2730**