

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -8 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000049877

1. Corporation Name
.3J Design Inc.

REINSTATEMENT 02-04

2. Principal Office Address
370 OAK AVE

3. Mailing Office Address
370 OAK AVE

Suite, Apt. #, etc.

City & State
TEQUESTA FL

City & State
TEQUESTA FL

Zip
33469 Country
USA

Zip
33469 Country
USA

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

5. FEI Number
650612055 Applied For
Not Applicable

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)
370 OAK AVE 200041721832

Suite, Apt. #, Etc.
10/08/04--01052--012 **1350.00

City
TEQUESTA State
FL Zip Code
33469

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 Thomas J. McGuinness President Date 3/18/04
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
PD	JOHN MCGUINNESS	370 OAK AVE	TEQUESTA FL 33469
TSD	JIM MCGUINNESS	1522 BERKSHIRE RD	TEQUESTA FL 33469
D	ROBERT LANDRUM	819 CINDY CIRCLE LN,	WELLINGTON FL 33414
D	DONALD KANE	18040 CROWN QUAY LK.	JUPITER FL 33458
D	GENE FALL	3840 NE 31 ST AVE	LIGHTHOUSE POINT FL 33064
			<u>11/01/02</u>

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)(f), 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: J. McGuinness Treasurer Director 3/18/04 561-262-0197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)