

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 12 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000049877

1. Corporation Name

3 J Design, Inc.

2. Principal Office Address - No P.O. Box #

370 Oak Avenue

3. Mailing Office Address

370 Oak Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tequesta

City & State

Tequesta

Zip

33469

Country

USA

Zip

33469

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

June 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 Avenue

Suite, Apt. #, Etc.

City

Tequesta

State

FL

Zip Code

33469

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 1/09/09

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 Avenue | Tequesta, FL 33469 |
| TSD | James McGuinness | 1522 Berkshire Road | Tequesta, FL 33469 |
| D | Eugene Fall | 3840 NE 31st Avenue | Lighthouse Point, FL 33064 |
| | | | |
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| | | | |

400140348354

01/12/09 01003-024 **1358.75

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 contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/09/09

Date

(561) 436-5570

Daytime Phone #