

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 NOV 25 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **42847D**

1. Corporation Name

DE' JAVU RESORTS INTERNATIONAL, INC.
a Florida Corporation

2. Principal Office Address

851 Northeast Third Place

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, Florida 33010

City & State

Same

Zip

33010

Country

U.S.A

Zip

Same

Country

Same

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11/25/02--01028--025 ***1200.00
REINSTATEMENT 02

**4. Date Incorporated or Qualified
To Do Business in Florida**

NOV. 02, 1984

5. FEI Number

59-2472581

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

GEORGE T. JOHNSON

Street Address (P.O. Box Number is Not Acceptable)

7215 S.W. 23rd Street

Suite, Apt. #, Etc.

City

MIAMI, MIAMI-DADE COUNTY

State

FL

Zip Code

33155

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

George T. Johnson
REGISTERED AGENT MUST SIGN

Date 11/18/02

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	OLGA D. MONTGOMERY	851 N.E. 3rd Place	Hialeah, FL 33010
VPD	GEORGE T. JOHNSON	7215 S.W. 23rd Street	Miami, FL 33155

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: OLGA D. MONTGOMERY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Olga D. Montgomery

11/18/02

305-887-8969

Date

Daytime Phone #

CR2E081 (9/00)