

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -3 PM 2:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02 0000 11411

1. Corporation Name

DJ 1 LLC

2. Principal Office Address

433 Silver Beach Ave

Suite, Apt. #, etc.

3. Mailing Office Address

233 Osceola Ave

Suite, Apt. #, etc.

City & State

DAYTONA Beach, FL

City & State

Ormond Beach, FL

Zip

32118

Country

USA

Zip

32176

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/30/02

5. FEI Number

74-3043807

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

12/3 2003

MJH

7. Name and Address of Current Registered Agent

Name

Donald C. Johnson

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

233 Osceola Avenue

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32176

900025174089
12/03/03--01014--001 **150.00

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

Don Johnson

REGISTERED AGENT MUST SIGN

Date

11-26-03

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
Pres	Donald C. Johnson	233 Osceola Ave	Ormond Beach, FL 32176

REINSTATEMENT 2003

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:

Don Johnson Donald Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/26/03

Daytime Phone #

386-672-6424

CR2E081 (10/02)