PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT **DOCUMENT #** 1. Corporation Name DRBJ CORP.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

L70487

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officers and/or Directors 8. Street Address of Each Officers and/or Directors 9. Street Address of Each Officer and/or Directors 1. Title(e) 1. THOMPSON, DAVID R. 1. Street Address of Each Officer and/or Directors 1. Thompson, Richard 1. Thompson, Richard 1. Thompson, Richard 1. Thompson, Richard 1. Street Address of Current Registered Agent 1. Name and Address of Current Registered Agent 1. Name 1. Name and Address of Current Registered Agent 1. Name and Address of Current Registered Agent 1. Name 2. Name and Address of New Registered Agent 3. Name and Address of New Registered Agent 3. Name and Address of New Registered Agent 4. City / State / Zip 1. Thompson, Richard 1. Name 1. Name 3. Name and Address of New Registered Agent 3. Name and Address of New Registered Agent 4. Address of New Registered Agent 5. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 1. Name 1. Name 3. Name and Address of New Registered Agent 1. Name 3. Name and Address of New Registered Agent 4. Address of New Registered Agent 5. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 1. Name 1. Name 3. Name and Address of New Registered Agent 5. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 1. Leing Sepolated the above named opportation, and familiar with and accept the obligations of Section 607.0505, p.6. 1. State Address of New Registered Agent 1. This, corporation own or has paid the current year 1. See other side for Information	Principal P	lace of Busine	SS	Mailing Add	Mailing Address							
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12. 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 filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA