

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 25 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000007295

1. Corporation Name

DSJ FAMILY RESOURCES, INC.

2. Principal Office Address

932 WEST KALMIA DRIVE

Suite, Apt. #, etc.

8A

City & State

LAKE PARK

Zip

33403

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1001979

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

100009743691
03/06/03--01056--009 **\$2.50

12/30/02 01083 001 \$236.00
12/30/02 01083 002 \$9.00

7. Name and Address of Current Registered Agent

Name

JANICE MONTGOMERY

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

932 WEST KALMIA DRIVE

Suite, Apt. #, Etc.

#8A

City

LAKE PARK

State

FL

Zip Code

33403

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

Janice Montgomery

REGISTERED AGENT MUST SIGN

Date 1-10-03

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
PD	JANICE MONTGOMERY	932 WEST KALMIA DRIVE #8A	LAKE PARK, FL 33403
SD	CATHERINE DUNKLIN	3105 AUSTRALIAN CT	WEST PALM BEACH, FL 33407
TD	PAMELA FREEMAN	1449 7TH STREET	WEST PLAM BEACH, FL 33401

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:

Janice Montgomery Janice Montgomery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03

Date

561-494-2794

Daytime Phone #

CR2E081 (10/02)