

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 15 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-0000009107

1. Corporation Name

D. J. R. Corp of Jupiter

2. Principal Office Address

201 US Hwy I
Suite, Apt. #, etc.
G1

City & State

Jupiter, Fl.

Zip

Country

U.S.A

3. Mailing Office Address

2311 Saratoga Bay Dr
Suite, Apt. #, etc.

City & State

W.P.B. FL.

Zip

Country

33409

U.S.A

REINSTATEMENT 07-04

4. Date Incorporated or Qualified
To Do Business in Florida

July 20, 2000

5. FEI Number

651027640

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

3375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARIANN Napoli

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

2311 Saratoga Bay Dr.

Suite, Apt. #, Etc.

City

West Palm Beach

State

Zip Code

FL

33409

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

Mariann Napoli

REGISTERED AGENT MUST SIGN

Date

4/20/04

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
<u>S/D</u>	<u>MARIANN NAPOLI</u>	<u>2311 Saratoga Bay Dr. W.P.B. FL 33409</u>	
<u>V/D</u>	<u>MARIANN NAPOLI</u>	<u>2311 Saratoga Bay Dr. W.P.B. FL 33409</u>	
<u>P/V/D</u>	<u>Mariann Napoli</u>	<u>2311 Saratoga Bay W.P.B. FL 33409</u>	

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:

Mariann Napoli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

Date

561-684-9262

Daytime Phone #

2092

To whom it may concern;

I never received the
form you sent out for
the annual report. I am
sending you the form you
mailed me and asking that
you waive the fee.

Thank You,

Marcin Napoli

2311 Saratoga Bay

W.P.B. FL.

33409

tel. 561-684-9262