

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 APR 27 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600103198996  
05/24/07--01027--018 \*\*450.00

**DOCUMENT #** P000000069107

1. Corporation Name

D.J.R. Corp. of Jupiter, Inc.  
DJR Corporation of Jupiter, Inc.  
W07-18629

2. Principal Office Address - No P.O. Box #

2311 Saratoga Bay  
Suite, Apt. #, etc.

80105 Hwy 1

City & State Jupiter

W.P.B., FL.

Zip Country

33479

3. Mailing Office Address

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

City & State

W.P.B. FL.

Zip Country

33409

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

1/20/2000

5. FEI Number

65-1027640

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

Mariann Napoli

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

2311 Saratoga Bay Dr.

Suite, Apt. #, Etc.

City

W.P.B.

State

FL

Zip Code

33409

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date 4/9/07

REGISTERED AGENT MUST SIGN

**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/D	Mariann Napoli	2311 Saratoga Bay Dr.	W.P.B., FL.
S/D		"	"
V/D		"	"
P/V/D		"	"

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 contained in Chapter 119, 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 Mariann Napoli

4/9/07

561-684-9262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

@ Michsa APR 27 2007

To whom it may concern;

I called your office and spoke to a woman called Delia. She told me because she didn't receive any notice you would waive the fee. She also told me the amount of the check to send in.

Thank You  
Marian Napoli  
D.J. R Corp of Jupiter  
Inc.