

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 31 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PC00000114502

1. Corporation Name

DJ'S Carpentry Concepts, INC

200164088562
12/31/09--01054--014 **158.75

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

3737 Kemper St
Suite, Apt. #, etc.

3. Mailing Office Address

3737 Kemper St
Suite, Apt. #, etc.

CR2E081 (11/09)

City & State

FORT MYERS, FL

Zip 33905 Country USA

City & State

FORT MYERS, FL

Zip 33905 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

12-14-2000

5. FEI Number

65-1065527

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

Anthony D Jones

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

3737 KEMPER ST

Suite, Apt. #, Etc.

City

FORT MYERS, FL

State

FL

Zip Code

33905

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-30-09

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
D/P	Jones, Anthony	3737 Kemper St	FORT MYERS, FL 33905
V	Jones, Melissa	3737 Kemper St	FORT MYERS, FL 33905

REINSTATEMENT

RH

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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: Anthony Jones [Signature]
SIGNATURE AND TYPE/ OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-09

Date

239-6900511

Daytime Phone #