

FILED

The Seal of the State of Florida is a circular emblem. It features a central figure of a person standing on a small island, holding a bow and arrow. The figure is surrounded by a wreath. The outer ring of the seal contains the text "GREAT SEAL OF THE STATE OF FLORIDA" at the top and "IN GOD WE TRUST" at the bottom.

04 DEC 28 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

DMJ & C Transport Inc.

2. Principal Office Address
15195 82nd Ln. N
L-04

Suite, Apt. #, etc.

3. Mailing Office Address
15195 82nd Ln. N

Suite, Apt. #, etc.

City & State
Lynchatchee FL

Zip	Country
33470	U.S.

City & State
Loxahatchee FL.

Zip 33470	Country U.S.
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REINSTATEMENT

03-04

4. Date Incorporated or Qualified To Do Business in Florida

MAY 20, 2000

5. FEI Number
65-1149519

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 Shawn Pryce

Street Address (P.O. Box Number is Not Acceptable)
1519.5 82nd lane N

Suite, Apt. #, Etc.

City, Loxahatchee

State FL	Zip Code 33470
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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

Thawn Pryce (Thawn Pryce)
(REGISTERED AGENT MUST SIGN)

Date 12/26/04

(REGISTERED AGENT MUST SIGN)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Thaeren Pryce	15195 82nd Lane N L	Loxahatchee FL 33470
V. President	Dencie Pryce	15195 82nd Ln. N	Loxahatchee FL 33470
Officer	Marlene Pryce	15195 82nd Ln. N	Loxahatchee FL 33470
			300043681113 12/28/04--01055--002 **400.00
			300043681113 12/28/04--01055--003 **500.00

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)(j), 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:

Thawn Pryce (Thawn Pryce)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04 (56) 602-2738
Date Daytime Phone #

Date _____ Daytime Phone : _____

CR2E081 (01/04)