2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000033232

FILED Oct 17, 2006 Secretary of State

Entity Nai	me: DOUBLE	"J" ENTERPRISES, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
9983 ROYAL CARDIGAN WAY WEST PALM BEACH, FL 33411				1725 PARK LANE SOUTH JUPITER, FL 33458		
Current Mailing Address:				New Mailing Address:		
PO BOX 541144 LAKE WORTH, FL 33454				955-N NORTHWEST 17TH AVENUE DELRAY BEACH, FL 33445		
FEI Number:	: 65-1088286	FEI Number Applied For ()	FEI Numbe	r Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
UVARI, GERALD 9983 ROYAL CARDIGAN WAY WEST PALM BEACH, FL 33411 US				LYNNE S. K. VENTRY, P.A. 955-N NORTHWEST 17TH AVENUE DELRAY BEACH, FL 33445 US		
The above in the State	named entity see of Florida.	submits this statement for the p	ourpose of c	hanging its registere	ed office or registered agent, or both,	
SIGNATURE: LYNNE S. K. VENTRY					10/17/2006	
	Electror	nic Signature of Registered Age	ent		Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution().	t receive the	prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	UVARI, GERAL 9983 ROYAL C	Delete D ARDIGAN WAY EACH, FL 33411	Na Ad	le: ıme: ldress: ty-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TRECCIOLI, HE	OREST CIRCLE	Na Ad	le: ıme: dress: ty-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () DECANDIA, AN 944 SAGE AVE WELLINGTON,	NUE	Na Ad	le: ıme: ldress: ty-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY TRECCIOLI VPD 10/17/2006