

APPROVAL  
 2001

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

14 MAR 31 PM 4:43

**CORPORATION  
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

STATE  
 FLORIDA

DOCUMENT # P01000033232

1. Corporation Name

Double "J" Enterprises, Inc.

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

1725 Park Lane South

3. Mailing Office Address

Same

City & State

Jupiter Florida

City & State

Florida

Zip

33458 U.S.A.

Zip

Country

4. Date incorporated or Qualified To Do Business in Florida

4/2/2001

5. FEI Number

051088296

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

300258488693

7. Name and Address of Current Registered Agent

Name: Gerald Uvari

Direct Address (P.O. Box Number if Not Acceptable)

201 Colonial Lane Drive

City, State, etc.

Hallandale Beach FL

City

State

Zip Code

FL

33009

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0500 or 617.0101, F.S.

Signature of Registered Agent

*Gerald Uvari*

REGISTERED AGENT MUST SIGN

Date 3/28/2014

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
PST	Gerald Uvari	201 Colonial Lane Drive	Hallandale Beach, FL 33009
VP	Anthony Uvari	231 Bethwick Circle	Las Vegas, Nevada 89183
S	Anthony DeQuardia	944 Sage Avenue	Wellington, FL 33414

REINSTATEMENT

MAR 31 2014

RLH

R. HUNT

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. (whichever applies) 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., and that all fees owed by me 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

*Gerald Uvari*

3/28/14

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER (OFFICER OR DIRECTOR)

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 077211 7988731
AUTHORIZATION : [Signature]
COST LIMIT : \$ 1508.75

ORDER DATE : March 31, 2014
ORDER TIME : 3:37 PM
ORDER NO. : 077211-005
CUSTOMER NO: 7988731

DOMESTIC FILINGS

NAME: DOUBLE "J" ENTERPRISES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 52956

EXAMINER'S INITIALS [Signature]

2014 MAR 31 11 42 AM
SUFFICIENT FILING

MAR 31 2014

R. HUNT