PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200009721232
12/30/02--01002--014 **8.75

DOCUMENT # P01000114699

1. Corporation Name

PJD ENTERPRISES, INC.

2. Principal Office Address 3900 Clark Road	**3.** Mailing Office Address 3900 Clark Road	
Suite, Apt. #, etc. Suite L-1	Suite, Apt. #, etc. Suite L-1	**4.** Date Incorporated or Qualified To Do Business in Florida December 4, 2001
City & State Sarasota, FL	City & State Sarasota, FL	**5.** FEI Number 90-0014587 Applied For / Not Applicable
Zip 34233 Country USA	Zip 34233 Country USA	**6.** CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

200009721232
12/30/02--01002--015 **750.00

Name   HARLAN R. DOMBER

Street Address (P.O. Box Number is Not Acceptable)
3900 Clark Road

Suite, Apt. #, Etc.
Suite L-1

City   Sarasota   State FL   Zip Code 34233

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 _____
REGISTERED AGENT MUST SIGN

Date   11/26/02

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
P/S/T Director	ANTHONY DiTOMASO	2800 Bahia Vista Street, #400 Sarasota, FL 34239	Sarasota, FL 34239

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)(i), 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: _____ X Anthony DiTomaso, Pres. X 11/16/2002 X (941) 966-3295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (9/01)