

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -5 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000115958**

1. Corporation Name

DJ'S FRIEND, INC.

Principal Place of Business

4611 SOUTH UNIVERSITY DRIVE NO 104
DAVIE FL 33328

Mailing Address

4611 SOUTH UNIVERSITY DRIVE NO 104
DAVIE FL 33328



700009368347
12/05/02--01021--006 **158.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/2001

5. FEI Number

65-1157582

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<i>P</i>	LINDAUER, HEATHER	4611 SOUTH UNIVERSITY DRIVE NO 1	DAVIE FL 33328

8. Name and Address of Current Registered Agent

BELL, DOUGLAS R
800 EAST BROWARD BLVD SUITE NO 601
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name **manuel Karpenkoff**
Street Address (P.O. Box Number is Not Acceptable)
16850 S. Glades Dr #4K
Suite, Apt. #, Etc.
4-K
City **N. MIAMI Beach** State **FL** Zip Code **33162**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/20/02**

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/02
Date

Daytime Phone #

CR2E040 (8/02)



DJ'S FRIEND, INC
4611 SOUTH UNIVERSITY DRIVE SUITE # 104
DAVIE, FLORIDA 33328

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir:

We are writing to you to inform you that this is the first we heard of the dissolution, we did not receive any previous documents related to the yearly filling requirement, our hire attorney did not inform us of the need to file a yearly report, even more he included himself as the register agent of the corporation, in the application for reinstatement you'll find the new register agent.

We are sending the required filling fee of \$150.00 plus the \$8.75 for a certificate of status; if there are any further steps necessary to be in good standing, please don't hesitate to contact us at the address above.

Sincerely.

A handwritten signature in cursive script, reading "Heather Lindauer". The signature is written in dark ink and is positioned above a horizontal line.

Heather Lindauer
President.