

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 21 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000109187

**1. Corporation Name**

DAJ, INC

**2. Principal Office Address**

9700 COLLINS AVENUE

Suite, Apt. #, etc.

#105

City & State

BAL HARBOUR, FL

Zip

33154

Country

**3. Mailing Office Address**

4320 SURREY STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33133

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/09/02

**5. FEI Number**

14-1859589

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03

**7. Name and Address of Current Registered Agent**

Name

PHILIPPE GOUREAU

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

4320 SURREY STREET

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code  
33133

**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

X

REGISTERED AGENT MUST SIGN

Date 11/17/03

**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
DSPT	GOUREAU PHILIPPE	4320 SURREY STREET	MIAMI, FL 33133

800024925958  
11/21/03--01045--025 \*\*150.00

**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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/03

Date

305-868-1658

Daytime Phone #

CR2E081 (10/02)

**MOYAL ACCOUNTING SERVICES, INC**

**208 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FLORIDA 33024**

November 17, 2003

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

RE: ANNUAL REPORT FOR DAJ, INC  
DOC # P02000109187

Dear Sir or Madam:

ENCLOSED IS THE ANNUAL FEE FOR \$ 150.00 FOR ANNUAL REPORT FOR DAJ, INC FOR 2003. MR. PHILIPPE GOUREAU NEVER RECEIVED THE ANNUAL REPORT. HE IS CHANGING THE MAILING TO AVOID ANY OTHER DELAYS.

PLEASE ACCEPT THE PAYMENT AND WAIVE ANY PENALTY THAT MISSING DOCUMENT MAY HAVE CAUSED.

WE THANK YOU IN ADVANCE FOR YOUR HELP IN THIS MATTER

SINCERELY,



**PATRICK R. MOYAL**

**TEL: 954-430-3930  
FAX: 954-430-3939  
EMAIL:PMOYAL@MSN.COM**