PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03 000 054411

1. Corporation Name

RDJ COMMERCE CORP

REINSTATEMENT 06-09 ks
(CR2E081 (12/08))

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
3255 NE 184th St	3255 NE 184th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite#12506	Suite#12506
City & State	City & State
Aventura, FL	Aventura, FL

Zip	Country	Zip	Country
33160	USA	33160	USA

4. Date Incorporated or Qualified To Do Business in Florida   05/09/2003

5. FEI Number 810615778   ☐ Applied For   ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Djordje Radulovic

Street Address (P.O. Box Number is Not Acceptable)
3255 NE 184th St

Suite, Apt. #, Etc.
Suite #12506

City
Aventura   State FL   Zip Code 33160

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____   Date 02/27/09
REGISTERED AGENT MUST SIGN

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
D	Djordje Radulovic	3255 NE 184th St, Apt#12506	Aventura, FL, 33160
		30014514795 03/06/09--01027--028 **1208.75	

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 contained in Chapter 119, 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: _____   05/02/09   786-303-0345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #