

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
08 AUG 28 AM 10:45

DOCUMENT # P03000072228

1. Corporation Name

DHCJ, INC.

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

2255 GLADES ROAD

Suite, Apt. #, etc.

SUITE 324A

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

US

3. Mailing Office Address

2255 GLADES ROAD

Suite, Apt. #, etc.

SUITE 324A

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

US

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/30/2003

5. FEI Number

☒ 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

DORIAN HILL

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

2255 GLADES ROAD

Suite, Apt. #, Etc.

SUITE 324A

City

BOCA RATON

State

FL

Zip Code

33431

☒ 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 8/28/08

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
CEO	DORIAN HILL	2255 GLADES ROAD	BOCA RATON, FL 33431

REINSTATEMENT

04-08

000135056640  
08/28/08--01008--008 \*\*750.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/08

Date

Daytime Phone #