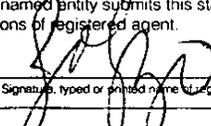
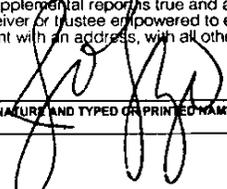


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000078274 1. Entity Name DJ'S FAMILY BILLIARDS, INC.		
Principal Place of Business 5412 MAIN STREET NEW PORT RICHEY, FL 34652		Mailing Address 5220 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34652
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5412 MAIN ST Suite, Apt. #, etc.
City & State		City & State NEW PORT RICHEY, FL
Zip 34652	Country USA	4. FEI Number 57-1168884
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent RANDAZZO, JOHN R 5412 MAIN STREET NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: 		
(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P <input type="checkbox"/> Delete NAME: RANDAZZO, JOHN R STREET ADDRESS: 6915 RIDGE TOP DRIVE CITY-ST-ZIP: NEW PORT RICHEY, FL 34655	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 000081877830 STREET ADDRESS: 11/16/06--01071--011 **150.00 CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: REINSTATEMENT STREET ADDRESS: 06 CITY-ST-ZIP: 2/11/17
TITLE: VP <input type="checkbox"/> Delete NAME: WILLIAMS, DAVID STREET ADDRESS: 5412 MAIN STREET CITY-ST-ZIP: NEW PORT RICHEY, FL 34652	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: SEC <input type="checkbox"/> Delete NAME: RANDAZZO, KATHLEEN M STREET ADDRESS: 6915 RIDGE TOP DRIVE CITY-ST-ZIP: NEW PORT RICHEY, FL 34655	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date Daytime Phone #		

FILED

06 NOV 16 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11132006 REIN-P CR2E098 (11/05)

**DJ's Family Billiards
5412 Main Street
New Port Richey, FL 34652
(727) 849-8280**

November 13, 2006

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document # P03000078274

To Whom It May Concern:

Enclosed please find a completed 2006 for Profit Corporation Reinstatement form and a check in the amount of \$150.00 to reinstate our corporation, DJ's Family Billiards Inc, 5412 Main Street, New Port Richey, FL 34652.

Please correct our mailing address to our principal place of business – 5412 Main Street, New Port Richey, FL 34652. Evidently, the original letter requesting the 2006 annual report was sent to the incorrect address. Hopefully, by correcting the mailing address we will receive and pay for the 2007 annual report request in a timely manner.

Sincerely,



John R. Raddazzo
President

KR/enc.