

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000030313

1. Corporation Name

BJM RESOURCING, INC.

08 AUG 28 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600135280096
09/03/08--01007--016 **1208.75

REINSTATEMENT 06-08^{KS}
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 9040 BYRON AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 9040 BYRON AVENUE Suite, Apt. #, etc.	
City & State SURFSIDE, FL		City & State SURFSIDE, FL	
Zip 33154	Country USA	Zip 33154	Country USA

4. Date Incorporated or Qualified To Do Business In Florida 02/12/2004	
5. FEI Number 34-1978406	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name BRENDAN J. MAHONEY	
Street Address (P.O. Box Number is Not Acceptable) 9040 BYRON AVENUE	
Suite, Apt. #, Etc.	
City SURFSIDE, FL	State FL
Zip Code 33154	

☐ 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

Brendan Mahoney
REGISTERED AGENT MUST SIGN

Date 8/15/2008

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	BRENDAN J. MAHONEY	9040 BYRON AVENUE	SURFSIDE, FL 33154

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:

Brendan Mahoney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/2008

Date

(305) 338-2726

Daytime Phone #