2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCU	000138	084			J. T.		FILED							
1. Entity Nar WJ & JW									20 08 J.	AN 14	PM 3: 07			
Principal Place of Business Mailing Address							000	TES .			TALLA	LIMNÍ HASSE	UF STATE E. FLORIDA	
4770 BISCAYNE BLVD STE 880 4770 BISCAYNE BLVD S MIAMI, FL 33437 MIAMI, FL 33137							0						eri compa	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5 BRENTWOOD DRWE 5 BRENTWOOL							2110C							
Suite, Apt		5 BRENTWIND DRIVE Suite, Apt. #, etc.				11122007- IREINS TA CR2E098 (1/07) - OT								
North Caldwell NJ					City & State NOVETH CANDWELL NJ				4. FEI Number 3.6 - 4622 - 964 Noi Applicable					
07006	Country USA 6. Name and Address of Current F						13/4	~	5. Certificate	2) Fe	\$8.75 Additional Fee Required			
								7. Name and Address of New Registered Agent Name Nam						
DUPLESSIS, JEAN R 4141 NE 2ND AVE SUITE 105D MIAMI, FL 33127							Street A	Address (P.O. Box Number is Not Acceptable) Swite 1045					2	
							City	BRA	L GKBL	Fb.	FL	Zin Code	46	
	named entity		statement for	the purpo	ose of changing its	registere	ed office o	r register	ed agent, or bo	oth, in the State of	Florida. I am far	niliar with,	and accept	
SIGNATURE LIMILLUM 1/4/08														
<u> </u>	Signature, typed	or printed name or	registered agent a	ng tide it appil	icable. (NO1	E: Register	ed Agent sign		ed when reinstating	, 	/ DATE			
the state of the s														
10.	IV	OFF	ICERS AND	DIRECTOF		11. TITLE		Tv.	ADDITIONS	/CHANGES TO C				
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TITLE	S DUPLESSIS, JEAN R				☐ Delete		TITLE NAME					Change	Addition	
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CITY-ST-ZIP							ST-ZIP	<u> </u>						
indicated of the con	12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report 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: 11.13.07 212.265.6060													60	
		JIGHAIURE A	I , ESED ON PR	B NAME	or algebra OFFICER	- LINECT	UR	·		Date.	Dayle 1	me Phone #	.a	

LAW OFFICES

ALAN K. MARCUS, P.A.

SUITE 1045 1920 S. DIXIE HIGHWAY CORAL GABLES, FLORIDA 33146

ALAN K. MARCUS, ESQ.

TEL: (305) 507-1203 FAX: (305) 507-1204

November 20, 2007

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: WJ and JW, Inc. Document P04000138084

Dear Sirs:

This letter will serve as a certification that the above referenced corporation did not receive the prior notices to keep the corporation active. Therefore, we are hereby requesting the reinstatement fee be waived.

Please remit a certified copy of status to the undersigned.

Thank you for your attention to this matter.

Very truly yours,

Alan K. Marcus

cc: WJ & JW Inc.