

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000030938

1. Corporation Name **DCJ Transport, Inc.**

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

8683 Pegasus

Suite, Apt. #, etc.

3. Mailing Office Address

8683 Pegasus

Suite, Apt. #, etc.

City & State

Lehigh Acres, FL

Zip

33971

Country

LEE

City & State

Lehigh Acres, FL

Zip

33971

Country

LEE

7. Name and Address of Current Registered Agent

Name

Daniel Johnson

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

8683 Pegasus Drive

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33971

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

Daniel Johnson

Date

5-1-10

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
Pres	Daniel Johnson	8683 Pegasus Av.	Lehigh Acres, FL 33971

10. E-mail Address: **Harrisonryan LLC @ MSN. Com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Daniel Johnson

5-1-10

704-904 6236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAY 11 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-10

700180728537

05/11/10--01023--012 **600.00

CR2E081 (4/10)

4. Date Incorporated or Qualified To Do Business in Florida

3-2-2006

5. FEI Number

33-1134467

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.