

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000057197 1. Entity Name DTJ INC	
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FILED
07 DEC 28 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 539 N MILLS AVE ORLANDO, FL 32803 US	Mailing Address 539 N MILLS AVE ORLANDO, FL 32803 US
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2. Principal Place of Business - No P.O. Box # 1020 EDGEWOOD AVE. Suite, Apt. #, etc. SUITE # 3 City & State JAX FL	3. Mailing Address 1020 EDGEWOOD AVE. Suite, Apt. #, etc. SUITE # 3 City & State JAX FL
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REINSTATEMENT 07

4. FEI Number 20-4737047	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHUANG, TERRY 539 N MILLS AVE ORLANDO, FL 32803	7. Name and Address of New Registered Agent Name Joseph Chou Street Address (P.O. Box Number is Not Acceptable) 1020 EDGEWOOD AVE. # 3 City JAX FL Zip Code 32254
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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: *Joseph Chou* DATE: 12-24-07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After January 1, 2008, 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 CHUANG, CHI-WU 205 FORT KING GEORGE DR DARIEN, GA 31305	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900113469639 12/28/07--01014--009 **158.75	
NAME	VP CHUANG, TERRY 539 N MILLS AVE ORLANDO, FL 32803	<input type="checkbox"/> Delete	NAME		
STREET ADDRESS	D CHOU, JOSEPH 539 N MILLS AVE ORLANDO, FL 32803	<input type="checkbox"/> Delete	STREET ADDRESS		
CITY, ST, ZIP		<input type="checkbox"/> Delete	CITY, ST, ZIP		
CITY, ST, ZIP		<input type="checkbox"/> Delete	CITY, ST, ZIP		
CITY, ST, ZIP		<input type="checkbox"/> Delete	CITY, ST, ZIP		
CITY, ST, ZIP		<input type="checkbox"/> Delete	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 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: *Joseph Chou* DATE: 12-24-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RC 12/31