

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000057197					
1. Entity Name DTJ INC					
Principal Place of Business 1020 EDGEWOOD AVENUE SUITE # 3 JACKSONVILLE, FL 32254 US			Mailing Address 1020 EDGEWOOD AVENUE SUITE # 3 JACKSONVILLE, FL 32254 US		
2. Principal Place of Business - No P.O. Box # 1020 EDGEWOOD AVE. N. Suite, Apt. #, etc. SUITE 3 City & State JACKSONVILLE FL Zip 32254 Country U.S.		3. Mailing Address 1020 EDGEWOOD AVE. N. Suite, Apt. #, etc. SUITE 3 City & State JACKSONVILLE FL Zip 32254 Country U.S.		 REINSTATEMENT 08-09 04882009 REINSTATEMENT 032E098 (107)	
4. FEI Number 20-4737047				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CHOU, JOSEPH 1020 EDGEWOOD AVENUE NORTH SUITE # 3 JACKSONVILLE, FL 32254			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) DATE _____					
FILE NOW!!! FEE IS \$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	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUANG, TERRY		NAME		
STREET ADDRESS	539 N MILLS AVE		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32803		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOU, JOSEPH		NAME	CHOU, JOSEPH	
STREET ADDRESS	539 N MILLS AVE		STREET ADDRESS	1020 EDGEWOOD AVE. N. SUITE 3	
CITY - ST - ZIP	ORLANDO, FL 32803		CITY - ST - ZIP	JACKSONVILLE, FL 32254	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <i>Joseph Chou</i> Director			Date: 4/13/2009 Daytime Phone #: 904-693-0809		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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