## 2009 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # P06000057197  1. Entity Name DTJ INC  |   |                         |           |   |              |  |   | O9 APR 28 PH 2: 40  SECRETARY OF STATE TABLAHASSEE. PLORIDA |   |                              |                             |  |
|--|---|-------------------------|-----------|---|--------------|--|---|---|---|------------------------------|-----------------------------|--|
| Principal Place of Business  1020 EDGEWOOD AVENUE SUITE # 3 JACKSONVILLE, FL 32254 US  2. Principal Place of Business - No P.O. Box #  |   |                         |           | Mailing Address  1020 EDGEWOOD AVENUE SUITE # 3 JACKSONVILLE, FL 32254 US |              |  |   |   | TATELAHASSE                                   | !!!!                         | ) A<br>                     |  |
|  |   | ood Ave. N.             |           | 3. Mailing Address 10 20 EDGEWOOD AVE N.                                  |              |  |   | i  00  100  | I BRIED BAIN DRAN BRIN DRAN RRIST R           |                              |                             |  |
| Suite, Apt. #, etc.  |   |                         |           | Suite, Apt #, etc.  |              |  |   | 04B25648  | ISFATEMEN                                     | 34E098 (1.6X)                | 5-10-1                      |  |
| City & State   |   |                         |           | City & State  |              |  |   | 4. FEI Numb   |   |                              | oplied For<br>ot Applicable |  |
| Zıp  | . '                                       |                         |           | Zip Coun  |              |  | 5. Certifica                                  |   | of Status Desired                             | \$8.75 Add                   | ditional                    |  |
| 32254  | 2.54 U.S.  6. Name and Address of Current |                         |           | 32.257<br>Registered Agent  |              | <u> </u>   |   |   | Address of New Register                       | Fee Require<br>red Agent     | ed                          |  |
| Name   |   |                         |           |   |              |  |   |   |   |                              |                             |  |
| 1020 EDGEWOOD AVENUE Nocth   |   |                         |           |   |              | Street Address (P.O. Box Number is Not Acceptable) |   |   |   |                              |                             |  |
| SUITE # 3<br>JACKSONVILLE, FL 32254  |   |                         |           |   |              |  |   |   |   |                              |                             |  |
|  |   |                         |           |   |              | City   | - III EMBELIT                                 |   |   | FL Zip Cod                   | le                          |  |
| 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 Signature, typical or period can end registered agent and title displacable (NOTE: Registered Agent signature required when reinstating) DATE  |   |                         |           |   |              |  |   |   |   |                              |                             |  |
| Signar and Abbard of Buston that a caus 88 Steady official and steal of observing that the walkings of Manual administration and administration of the control of the contr |   |                         |           |   |              |  |   |   |   |                              |                             |  |
| FILE NOW!!! FEE IS \$300.00  |   |                         |           |   |              |  |   |   | In accordance with s. corporation did not rec |                              |                             |  |
| 10.  | T:  | OFFICERS AND            | DIRECT    |   |              |  |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           |   |                              |                             |  |
| TITLE<br>NAME  | VP □ Delete □ TIT                         |                         |           |   |              |  |   |   |   | Change                       | Addition                    |  |
| STREET ADDRESS<br>CITY - ST-ZIP  | 539 N MILLS AVE SIR ORLANDO, FL 32803     |                         |           |   |              |  |   |   |   |                              |                             |  |
| TITLE  | D Delete filts                            |                         |           |   |              |  | Ď   |   | 4.1   | Change                       | Addition                    |  |
| NAME<br>STREET ADDRESS   | CHOU, JOSEPH NAM 539 N MILLS AVE STRI     |                         |           |   |              |  | CHOU, JOSEPH<br>1020 EGGEWOOD AVE. N. SUITE 3 |   |   |                              |                             |  |
| CITY ST-ZIP  | ORLANDO, FL 32803                         |                         |           |   |              |  |   | x201711   |   | 254                          |                             |  |
| TITLE  |   |                         |           | ☐ Delete  | TITL)<br>MAM |  |   |   |   | Change                       | Addition                    |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |                         |           |   | •            | ET ADDRESS<br>- ST-7IP                             |   |   |   |                              |                             |  |
| TITLE  |   |                         |           | ☐ Delete  | TITLE        |  |   |   |   | Change                       | Addition                    |  |
| NAME<br>STREET ADDRESS   |   |                         |           |   | NAM<br>STRE  | ET ADDRESS   |   | . 8   | <u> </u>                                      | 12228                        |                             |  |
| CITY-ST-ZIP  |   |                         |           | □ Paleta  | ╂            | -ST-ZIP  |   | U4/   | 28/0901040                                    | 024 <b>**</b> 3(<br>□ Change | OO. OO                      |  |
| TITLE<br>NAME  |   |                         |           | ☐ Delete  | TITLI<br>NAM |  |   |   |   | □ cuange                     | □ vaquitari 1               |  |
| STREET ADDRESS<br>CITY ST-ZIP  |   |                         |           |   |              | ET ADDRESS<br>-ST-ZIP                              |   |   |   |                              |                             |  |
| THILE  |   |                         |           | ☐ Deleie  | DIL          |  |   |   |   | ☐ Change                     | Addition                    |  |
| NAME<br>STREET ADDRESS   |   |                         |           |   |              | ET ADDRESS   |   |   |   |                              | .                           |  |
| City-ST-ZiP  | partitu that the                          | e intermation europias  | this file | in does not qualify for   |              | - ST-ZIP   | nnteinod                                      | in Chapter 115  | Florida Statutes   further                    | certify that the "           | nformation                  |  |
| 12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes   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 orab; 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: /DORN ( ) IN Director 4/3/2009 904-693-0809   |   |                         |           |   |              |  |   |   |   |                              |                             |  |
|  | ~··~·                                     | SIGNATURE AND TYPE OR P | RINTED N  | AME OF SIGNING OFFICER  | OR DIRECT    | TOR  |   |   | Date  | Dayimin Phone #              |                             |  |

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