



# 2009 FOR PROFIT CORPORATION REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |                                                                                                                                  |                                                                                              |                                                                                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # P06000057197                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                                  |                                                                                              |                                                                                                                                      |  |
| 1. Entry Name<br>DTJ INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                                                                  |                                                                                              | <div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px; font-weight: bold;">09 APR 28 PM 2:40</div> <div style="font-size: 12px;">SECRETARY OF STATE<br/>TALLAHASSEE, FLORIDA</div> |  |
| Principal Place of Business<br>1020 EDGEWOOD AVENUE<br>SUITE # 3<br>JACKSONVILLE, FL 32254 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             | Mailing Address<br>1020 EDGEWOOD AVENUE<br>SUITE # 3<br>JACKSONVILLE, FL 32254 US                                                |                                                                                              |                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business - No P.O. Box #<br>1020 EDGEWOOD AVE. N.<br>Suite, Apt. #, etc.<br>SUITE 3<br>City & State<br>JACKSONVILLE FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             | 3. Mailing Address<br>1020 EDGEWOOD AVE. N.<br>Suite, Apt. #, etc.<br>SUITE 3<br>City & State<br>JACKSONVILLE, FL                |                                                                                              |  <div style="font-size: 24px; font-weight: bold; margin-top: 10px;">REINSTATEMENT</div>                                             |  |
| Zip<br>32254 Country<br>U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             | Zip<br>32254 Country<br>U.S.                                                                                                     |                                                                                              |                                                                                                                                                                                                                       |  |
| 6. Name and Address of Current Registered Agent<br>CHOU, JOSEPH<br>1020 EDGEWOOD AVENUE NORTH<br>SUITE # 3<br>JACKSONVILLE, FL 32254                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VP<br>CHUANG, TERRY<br>539 N MILLS AVE<br>ORLANDO, FL 32803 | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                           |                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>CHOU, JOSEPH<br>539 N MILLS AVE<br>ORLANDO, FL 32803   | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                           | D<br>CHOU, JOSEPH<br>1020 EDGEWOOD AVE. N. SUITE 3<br>JACKSONVILLE, FL 32254                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                           | 800153342228<br>04/28/09--01040--024 **\$300.00                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                           |                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             | Joseph Chou Director                                                                                                             |                                                                                              | 4/13/2009 904-693-0809                                                                                                                                                                                                |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             | Date                                                                                                                             |                                                                                              | Daytime Phone #                                                                                                                                                                                                       |  |

5/18