## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000140548

Entity Name: NAJTSM, INC.

FILED Oct 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

934 N. UNIVERSITY DRIVE #202

CORAL SPRINGS, FL 33071

Current Mailing Address: New Mailing Address:

934 N. UNIVERSITY DRIVE #202 CORAL SPRINGS, FL 33071

FEI Number: 20-5839111 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GREENE, JONATHAN MARKLEY, JOYCE 3275 W HILLSBORO BLVD. 934 N UNIVERSITY DR 300 202

DEERFIELD BEACH, FL 33442 US CORAL SPRINGS, FL 33071 US

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.

SIGNATURE: JOYCE MARKLEY 10/21/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 PD
 (X) Change ( ) Addition

 Name:
 MARKLEY, JOYCE
 Name:
 MARKLEY, JOYCE

Address: 934 N UNIVERSITY DR. 202 Address: 934 N UNIVERSITY DR. 202
City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: CORAL SPRINGS, FL 33071

Title: ( ) Delete Title: D ( ) Change (X) Addition
Name: NAJTSM FAMILY TRUST

 Name:
 Name:
 NAJTSM FAMILY TRUST,

 Address:
 Address:
 934 N UNIVERSITY DR #202

 City-St-Zip:
 City-St-Zip:
 CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE MARKLEY PD 10/21/2008