

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 SEP -9 AM 9:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P08000104701

1. Corporation Name

DJM SOLUTIONS, INC.

2. Principal Office Address - No P.O. Box #

999 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

1110

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

P.O. BOX 140970

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33114

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
12-01-2008

5. FEI Number

26-3811670

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PRATS FERNANDEZ & CO. PA.

Street Address (P.O. Box Number is Not Acceptable)

999 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

1110

City

CORAL GABLES

State

FL

Zip Code

33134

700276911647
09/09/15--01020--015 **\$08.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **SEPTEMBER 03, 2015**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JESUS ARANCIBIA	P.O. BOX 140970	CORAL GABLES, FL 33114

10. E-mail Address: **ADMIN@PRATSFERNANDEZ.COM**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for disqualification has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-03-2015

Date

305 444 8333

Daytime Phone #

Re 9/10/15