

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


08 MAR 12 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600120116846
03/12/08--01034--015 **958.75

12-04-07 01042 015 \$250.00
REINSTATEMENT 05-08 KS

4. Date Incorporated or Qualified To Do Business in Florida 12-31-94	
5. FEI Number 65-0541164	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	--

DOCUMENT # P94000091994

1. Corporation Name

E.J.O. Enterprises, Inc.

2. Principal Office Address - No P.O. Box # 104 NELSON AVE Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 510262 Suite, Apt. #, etc.	
City & State Melbourne, FL		City & State Melbourne, FL	
Zip 32951	Country USA	Zip 32951	Country USA

7. Name and Address of Current Registered Agent			
Name Edward Joseph O'Brien			
Street Address (P.O. Box Number is Not Acceptable) 104 NELSON AVE			
Suite, Apt. #, Etc.			
City Melbourne	State FL	Zip Code 32951	

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 1/15/08

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
Member Pres	Edward J. O'Brien	104 Nelson Ave	MELBOURNE FL 32951

10. 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 dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08

Date

954-520-8536

Daytime Phone #