

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JAN 12 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000049877

1. Corporation Name

3 J Design, Inc.

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

370 Oak Avenue

3. Mailing Office Address

370 Oak Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tequesta

City & State

Tequesta

Zip

33469

Country

USA

Zip

33469

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

June 27, 1995

5. FEI Number  
650612055

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

John McGuinness

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

370 Oak Avenue

Suite, Apt. #, Etc.

City

Tequesta

State

FL

Zip Code

33469

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*John McGuinness*

REGISTERED AGENT MUST SIGN

Date 1/09/02

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
PD	John McGuinness	370 Oak Avenue	Tequesta, FL 33469
TSD	James McGuinness	1522 Berkshire Road	Tequesta, FL 33469
D	Eugene Fall	3840 NE 31st Avenue	Lighthouse Point, FL 33064

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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:

*John McGuinness*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/09/02

Date

(561) 436-5570

Daytime Phone #