

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY 23 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P950000059090**

1. Corporation Name

**DJM INTERNATIONAL, INC.**

**100004430201--5**  
-06/19/01--01081--001  
\*\*\*\*965.00 \*\*\*\*965.00

2. Principal Office Address

**12955 BISCAYNE BLVD**

3. Mailing Office Address

Suite, Apt. #, etc.

**210**

Suite, Apt. #, etc.

**SAME**

City & State

**N. MIAMI, FLORIDA**

City & State

Zip

**33181**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**July 31, 1995**

5. FEI Number

**65-0620088**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED: ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

**1996-2001 UBR**

**7. Name and Address of Current Registered Agent**

Name

**NEIL MERGLER**

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

**688 OCEAN BLVD**

Suite, Apt. #, Etc.

**Golden Beach**

City

State

**FL**

Zip Code

**33161**

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

**5/18/01**

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
<b>Mrs</b>	<b>NEIL MERGLER</b>	<b>12955 BISCAYNE BLVD</b>	<b>N. MIAMI FLA</b>
		<b>466.25 - AR</b>	
		<b>10.00 - AR ARTS</b>	
		<b>88.75 - AR SUPP</b>	
		<b>400.00 - GRA</b>	

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 under section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NEIL MERGLER**

Date

**5/18/01**

Daytime Phone #

**305-8998980**

CP2E081 (8/00)

282

DJM International, Inc  
12955 Biscayne Blvd \* Suite #210 \* North Miami FL \* 33181  
305-899-8980 \* 305-899-0484 FAX

May 21, 2001

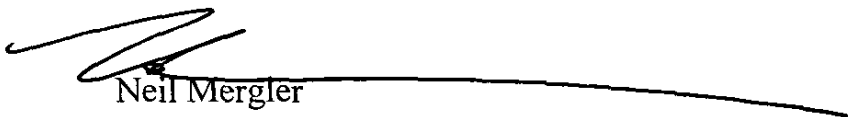
To whom it may concern,

I was recently notified that in 1996 my corporation, DJM International, Inc., was placed on an inactive status due to the non filing of an Annual Report.

I have never received the forms necessary for the filing, and after some investigation I have found that the address on the forms is incorrect. The proper corporate address is, 12955 Biscayne Blvd, Suite #210, North Miami FL 33181 as stated on the Corporate Reinstatement papers.

Attached you should find the Corporate Reinstatement form and a check in the amount of \$965.00, per instruction and I hereby request that the penalty fees be waived. I appreciate your prompt attention to this matter.

Sincerely,



Neil Mergler  
DJM International, Inc  
President