

Mar. 10. 2004 3:43PM

No. 0118 P.1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 16 AM 8:35

DOCUMENT # P95000059090

1. Corporation Name

DJM INTERNATIONAL, INC

2. Principal Office Address

1320 S. Dixie Highway

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 881

Suite, Apt. #, etc.

City & State

Coral Gables FLORIDA

City & State

SAME

Zip

33146

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650620088

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

02-04

7. Name and Address of Current Registered Agent

Name

MARK D. PRESS, ESQ.

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

1320 So. Dixie Highway, Suite 881

Suite, Apt. #, Etc.

Suite 881 Gables One Tower

City

Coral Gables

State

FL

Zip Code

33146

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 3.12.04

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Neil Mergler	688 Ocean Blvd	Golden Beach, FL 33460

000030933820

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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 under section 119.07(3)(i), 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

3/10/04

Date

786-514-0888

Daytime Phone #

3/16/04

March 11, 2004

Mr. Andy Dunlap  
Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Mr. Dunlap,

Thank you for the time spent on the phone yesterday explaining the reinstatement process.

The Company has been inactive for three years and has not conducted business at the previous address for that period.

All mail that was delivered to the old address (12955 Biscayne Blvd., N. Miami, Florida) was to be forwarded to my new office at 1320 S Dixie Highway Suite 881, Coral Gables, Florida 33146.

As I explained, no annual reports documents were ever forwarded and thus were not filed. Had I received these forms, even though the corporation is inactive, I certainly would have completed the filing.

I have enclosed a check for \$450.00 as the total reinstatement fee based on your calculation. I appreciate your help and thank you for your understanding.

Sincerely,

Neil Mergler