

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUN -6 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000008823

1. Corporation Name

DIJO, Inc.

2. Principal Office Address

1246 SULTAN CIRCLE

Suite, Apt. #, etc.

City & State

CHULUOTA, FL 32766

Zip

32766

Country

USA

3. Mailing Office Address

1246 SULTAN CIRCLE

Suite, Apt. #, etc.

City & State

CHULUOTA, FL 32766

Zip

32766

Country

USA

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

Applied For

XX 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

JO BURSEY

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

1246 SULTAN CIRCLE

Suite, Apt. #, Etc.

City

CHULUOTA

State
FL

Zip Code

32766

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 **2 JUNE 2000**

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	JO BURSEY	1246 SULTAN CIRCLE	CHULUOTA, FL 32766
V	JAY TURNER	24 DRAYTON STREET	SAVANNAH, GA 31401

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

2 JUNE 2000 407329128698

Date

Daytime Phone #

CR2E081 (9/99)