PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~
97-00 QBR

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

ARTICLES OF AMENDMENT AND FILED

00 OCT 24 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P96000012106

DOCUMENT # P96000012106

1. Corporation Name

D. & J. ENTERPRISES LIMITED, INC.

2. Principal Office Address	**3.** Mailing Office Address
1750 S. OCEAN BLVD.	P.O. BOX 2651
Suite, Apt. #, etc. #303	Suite, Apt. #, etc.
City & State POMPANO BEACH, FL.	City & State LONG KEY, FL.
Zip 33062 Country BROWARD	Zip 33001-2651 Country MONROE

4. Date Incorporated or Qualified To Do Business in Florida JAN. 96

5. FEI Number 65-0649696 ☐ 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 DAVID G. MROZ

200003454512--7
-11/07/00--01020--009
****615.00 ****615.00

Street Address (P.O. Box Number is Not Acceptable) 1750 S. OCEAN BLVD

Suite, Apt. #, Etc. #303

City POMPANO BEACH State FL Zip Code 33062

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 _____ Date 10/18/00

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PRES.	DAVID G. MROZ	1750 S. OCEAN BLVD #303	POMPANO BEACH, FL 33062

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: _____ DAVID G. MROZ 10/18/00 954-782-4629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

October 18, 2000

Florida Department Of State
Tallahassee, FL. 32314

RE. - Corporation Reinstatement
D. & J. Enterprises Limited. Inc.
65-0649696

Dear Department Of State,

Enclosed Is Our Completed Corporation Reinstatement And A Money Order For $615.00, To Have D. & J. Enterprises Limited, Inc., Reinstated. We Did Not File Annual Reports Because Shortly After Incorporating We Moved Our Offices And Did Not Receive Any Notices Or Reports. We Thought Our Attorney And Accoumant Were Preparing All Necessary Tax Returns And Reports, Needed To Be Filed.

If Additional Information Is Necessary, Please Contact Me. Thank You For Your Consideration.

Sincerely

David G. Diaz
President