

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000074482

1. Corporation Name

DJR INTERNATIONAL CORP.

Principal Place of Business

29 JOHN ST  
NEW YORK NY 10038

Mailing Address

29 JOHN ST  
NEW YORK NY 10038

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/11/1996

5. FEI Number

59-3400794

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FARGAALI, MOHAMED	29 JOHN ST	NEW YORK NY 10038

600004706496--3  
-12/05/01--01057--049  
\*\*\*\*150.00 \*\*\*\*150.00

12/30

8. Name and Address of Current Registered Agent

LOFTY-GABER, HEND  
501 N. ORLANDO AVE.  
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent [Signature]  
REGISTERED AGENT MUST SIGN

Date 11-13-2001

11. 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

Date

Daytime Phone #

11-14-2001-312-233-0389

**DJR INTERNATIONAL CORP.**

**29 JOHN STREET  
NEW YORK, NEW YORK 10038  
212/233-0389**

November 12, 2001

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Application for Reinstatement  
Doc. # P96000074482  
FEI # 59-3400794

To Whom It May Concern:

I am the sole officer of this corporation. I recently received a "Certificate of Administrative Dissolution or Revocation" effective September 21, 2001.

Please note that this is the first notice that I received. As you can see, by the address, I am located in New York and apparently any other notices you may have sent me never arrived. If I had received them I would have returned them with whatever fee was required.

I am enclosing a check in the amount of \$150 for the report and supplemental fees. I respectfully request that you abate the penalty as this was not intentionally done and with all the losses I have sustained because of the World Trade Center disaster this would be a tremendous hardship. I am located just blocks from the site.

Your cooperation is greatly appreciated.

If you have any additional questions feel free to contact me.

Sincerely,



Mohamed Farghali  
President