

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris
Secretary of State**

DIVISION OF CORPORATIONS

DOCUMENT # P 9700000 9100

1. Corporation Name

DJR ASSOCIATES, INC

2. Principal Office Address

2451 McMullen BOOTH AL

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

F-33759

Country

P. nellas

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 07-04

FILED

04 FEB 19 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800030103708
03/09/04--01041--028 **900.00

**4. Date Incorporated or Qualified
To Do Business in Florida** 1-29-04

5. FEI Number
650725099

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

AMELIA WILSON

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

2451 McMullen BOOTH AL

Suite, Apt. #, Etc.

City

CLEARWATER FL

State

FL

Zip Code

33759

800030103708
03/09/04--01041--029 **300.00

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**

Amelia Wilson

Date

1-29-04

REGISTERED AGENT MUST SIGN

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 | AMELIA WILSON | 2451-McMullen BOOTH AL | CLEARWATER FL 33759 |
| | | | |
| | | | |
| | | | |
| | | | |

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)(g), 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:

Amelia Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-04

Date

127-
786-0557

Daytime Phone #

LC