

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000088494

1. Corporation Name

CJR WORLD ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #

6025 Sandy Springs Circle

3. Mailing Office Address

6025 Sandy Springs Circle

Suite, Apt. #, etc.

Suite 244

Suite, Apt. #, etc.

Suite 244

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30328

Country

USA

Zip

30328

Country

USA

7. Name and Address of Current Registered Agent

Name

Florida Filing and Search Services, Inc.

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

155 Office Plaza Drive

Suite, Apt. #, Etc.

Suite A

City

Tallahassee

State

FL

Zip Code

32301

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1997

5. FEI Number
593471758

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

11/6/09

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/D	Chad J. Rosenberg	6025 Sandy Springs Circle	Atlanta, GA 30328

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 contained in Chapter 119, 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

Chad J. Rosenberg

11/13 /2009 (904) 233-6231

Date

Daytime Phone #