FILED 2003 FOR PROFIT CORPORATION Aug 04, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P97000090502 DOCUMENT # 08-04-2003 90153 033 ***150.00 1. Entity Name W. D. J. ENTERPRISES, INC. Principal Place of Business Mailing Address 6370 NW 41 TERRE 6370 NW 41 TERRF COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 2. Principal Place of Business 3. Mailing Address Pines 10036 10036 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City&& State 4. FEI Number Applied For 65-0788583 EMBNOKE Not Applicable Zip 53029 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHEIBL, WILLIAM C III Street Address (P.O. Box Number is Not Acceptable) 210 UNIVERSITY DR., 502 **CORAL SPRINGS FL 33071** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition SCHEIBL, WILLIAM C III NAME NAME 210 UNIVERSITY DR., 502 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE □ Change SCHEIBL, DONNA NAME : NAME 10036 PINES BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33024 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ACORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 👌 ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIMPLE REQUIRED AND TYPED OR PRINTED PARTIES OF SIGNING OFFICER OF BIRECOOR

Date Baytime Phone #

attachment

M A S PO BOX 771210 Coral Springs, Fl. 33077-1210

\$0135941 #T97000090502

954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

07/24/03

Florida Department of State PO BOX 6327 Tallahassee, Fl. 32314

Re: W.D.J. Enterprises, Inc. Doc # P97000090502

To Whom It May Concern:

We are enclosing a copy of the application for corporate reinstatement for our client, W.D.J. Enterprises, Inc.

We are providing a check for the filing and have not included the penalty due to the taxpayer having moved and the forwarding from the postal service had not been forwarded. The second notice was then forwarded by the postal service.

Therefore we are requesting reinstatement on behalf of W.D.J. Enterprises, Inc. based on change of address and not having received the 2003 UBR form the Department of State.

We have also advised the client the form must be filed before April 30 of each year and to file promptly in future years.

Should you have any questions, please contact my office.

Thank you, Sincerely,

David Hernandez