


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000072662 1. Entity Name SCDJ CORPORATION		
Principal Place of Business 2454 SHERIDAN ST HOLLYWOOD, FL 33020		Mailing Address 2454 SHERIDAN ST HOLLYWOOD, FL 33020
2. Principal Place of Business - No P.O. Box # 9131 TAFT ST	3. Mailing Address 9131 TAFT ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State PEMBROKE PINES, FL	City & State PEMBROKE PINES, FL	
Zip 33024	Country US	Zip 33024
Country US	Country US	

FILED
09 MAY -1 AM 11:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 08-09
 of 2009, F.S. § 607.098 (1/07)

4. FEI Number 65-0941478	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent CZERWONKO, NESTOR 2454 SHERIDAN ST HOLLYWOOD, FL 33020	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9411 NW 15 ST. City PEMBROKE PINES FL Zip Code 33024
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CZERWONKO, NESTOR 2454 SHERIDAN ST HOLLYWOOD, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PIT'S CZERWONKO, NESTOR 9411 NW 15 ST. PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300155146873 05/01/09--01064--004 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; text-align: center;">P7516</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an address, with all other like empowers.

SIGNATURE: _____ **04-23-09** (305) 613-7801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #