

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JAN 12 P 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V33701**

1. Corporation Name

SBJ INTERNATIONAL, INC

800165927948
01/13/10--01002--030 **2700.00

CR2E081 (11/09)

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

1111 E Court St

Suite, Apt #, etc

City & State

Tarpon Springs

Zip

34689

Country

Pinellas

3. Mailing Office Address

Suite, Apt #, etc

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **1992**

5. FEI Number

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

James A Nelms

Street Address (P O Box Number is Not Acceptable)

1111 E Court St

Suite, Apt. #, Etc.

City

Tarpon Springs

State

FL

Zip Code

34689

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

Date

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 |
|--------|-----------------------------------|--|--------------------------|
| DPST | James A. Nelms | 1111 E Court St | Tarpon Springs, FL 34689 |
| | | | |
| | | | |

REINSTATEMENT

1997-2010

[Signature]

10. E-mail Address: **jim@videoscreens.net**

(To be used for future annual report notification)

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. I further certify, 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:

James A. Nelms
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-10

Date

Daytime Phone #