

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**

3. Mailing Office Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

**Tarpon Springs**

City & State

Zip

**34689**

Country

**Pinellas**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-10

Date

Daytime Phone #