PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

P98000107546 DOCUMENT #

1. Corporation Name

FILED

03 NOV 13 PH 3:12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FJK-TE	E JAY, I	INC.								(A 11 12)	
Principal Place of Business Malling Add 240 ROYAL PALM WAY PALM BEACH FL 33480 US Malling Add PO BOX 324 PALM BEACH PALM BEACH PALM BEACH				PALM WAY #40T			BEINSTA MEN - 03				
If above addresses are incorrect in any way, line to 2. New Principal Office Address, If Applicable Suite; Apt. #, etc. City-& State Zip Country			3. New Mailing Office Address, If / O SCHAIN LEIFER G Suite, Apt. #, etc. IO.E. HOH ST. SU City & State NEW YORK, N Zip Country			Applicable OURALNICK ITE 2710 J JSA	4. Date Incorporated or Qualified To Do Business in Florida 12, 710 5. FEI Number 65-0885584 6. \$8.			Applied For Not Applicable 75 Additional Fee required for a Certificate of Status	
	and Street Add	tresses of Each Officer an Name of Officers	d/or Director (Flo	rida nonprof		tions must list at le		<u> </u>			
Title(s)	2 and/or Directors			3 Office				4	City / State / Zip		
PD	KEITEL, III, FREDERICK J			240 ROYAL PALM WAY				PALM BEACH FL 33480			
VSTD	D'AGOSTINO, THOMAS			C/O KAUFMAN & CANOLES, P.O.			BOX	NORFOLK VA 25	9514		
				118	Sei	AUGW A	fue	PALM	Beach	h FL 3340	
						1	30 117137	002463 0301044	 36413 308 **)	3 150.00	
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent				
KEITEL, III, FREDERICK J 230 ROYAL PALM WAY #401 PO BOX 3243				~ · · · · ·	-	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				CR2E040 (7703)	
PALM BEACH FL 33480						City State Zip Cod					
10. I, being Signature of Registered	\mathcal{I}	e registered agent of the a	bove named corpo	oration, am t	amiliar wi	th and accept the c	obligations of Sect	Date	30/03	S.	

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 filling 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 under section 119.07(3)(i), 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.

REGISTERED AGENT MUST SIGN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

October 20, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: FJK-Tee Jay, Inc. DOC: P98000107546

Dear Sir or Madam:

Enclosed is an Application for Reinstatement for FJK-Tee Jay, Inc. to return the corporation to active status.

Please find a check payable to the Department of State for \$150.00, the fee to file the report without penalty. We request a waiver of the reinstatement fee since the corporation did not receive two prior uniform business report notices.

Thank you in advance for your cooperation in this matter.

Very truly yours,

Frederick J. Keitel

President