


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 OCT 31 PM 1:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # V59515 1. Corporation Name NTJ, Inc.		Principal Place of Business 7881 SW 16th Street Miami FL 33142		Mailing Address SAME	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Above Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Above Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 8/21/92	
City & State		City & State		5. FEI Number 65-0358242	
Zip Country		Zip Country		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Jesus C. Llerena	7881 SW 16th Street	Miami FL 33142
S/T/D	Nanette T. Llerena	7881 SW 16th Street	Miami FL 33142

REINSTATEMENT

10/29/97

50-11-4-97

B. Name and Address of Current Registered Agent Brenton N. Ver Ploeg, Esquire Brenton N. Ver Ploeg, P.A. 21st Floor, 200 SE 2nd Street Miami, FL 33131-2154		9. Name and Address of New Registered Agent Name See #8 Street Address (P.O. Box Number is Not Acceptable) 000002340640--8 Suite, Apt. #, Etc. -11706797--01098--003 ***923.75 ***923.75 City FL State Zip Code	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Brenton N. Ver Ploeg* REGISTERED AGENT MUST SIGN Date 10/29/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 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.

SIGNATURE: *Nanette Llerena* **Nanette Llerena** 10/30/97 442-3466
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/2/96)