

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 30 AM 11:01

DOCUMENT # 403399

1. Corporation Name

T&J FINE, INC.

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

12805 Biscayne Bay Drive

3. Mailing Office Address

12805 Biscayne Bay Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami, Florida

City & State

North Miami, Florida

Zip

33181

Country

USA

Zip

33181

Country

USA

900154304179
04/30/09--01007--010 **1050.00

REINSTATEMENT 07-09K5

4. Date Incorporated or Qualified
To Do Business in Florida 6/20/72

5. FEI Number
59-1403334

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

Theodore Fine

Street Address (P.O. Box Number is Not Acceptable)

12805 Biscayne Bay Drive

Suite, Apt. #, Etc.

City

North Miami

State

FL

Zip Code

33181

☐ 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

Theodore Fine

REGISTERED AGENT MUST SIGN

Date

4/27/09

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
PD	Theodore Fine	12805 Biscayne Bay Drive	North Miami, Florida 33181
SD	Jeanette Fine	12805 Biscayne Bay Drive	North Miami, Florida 33181

10. 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 contained in Chapter 119, 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:

Theodore Fine

Theodore Fine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/09

(305) 588-7585

Daytime Phone #