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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG 28 AM 11:22
SECRETARY OF STATE
DIVISION OF CORPORATIONS

REINSTATEMENT 02-03

DOCUMENT # 680620

1. Corporation Name

T & J LOSURDO, INC.

2. Principal Office Address	3. Mailing Office Address
1883 WOOD HAVEN STREET	1883 WOOD HAVEN STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TARPON SPRINGS, FL	City & State: TARPON SPRINGS, FL
Zip: 34689 Country: PINELLAS	Zip: 34689 Country: PINELLAS

4. Date Incorporated or Qualified To Do Business in Florida: 08/01/1980

5. FEI Number: 59-2018430 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ANN LOSURDO

Street Address (P.O. Box Number is Not Acceptable): 1883 WOOD HAVEN STREET

Suite, Apt. #, Etc.:

City: TARPON SPRINGS State: FL Zip Code: 34689

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

Chapter (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officers and/or Director	City/State/Zip
PSTD	ANN LOSURDO	1883 WOOD HAVEN STREET	TARPON SPRINGS FL34689

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 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: [signature] PRESIDENT 08/28/03 727-937-1264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6TP FL32524F.1

Florida Department of State

Division of Corporations
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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

T & J LOSURDO, INC.

Certificate of Status	0
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