

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

99 APR 14 PM 3:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 9603157

1. Corporation Name TRJ Enterprises Inc.

Principal Place of Business Mailing Address  
40 Tom White  
1472 Regal Ct.  
Kissimmee, Fl. 34744

**REINSTATEMENT** 98-99  
 4. Date incorporated or Qualified To Do Business in Florida 1-1-84  
 5. FEI Number 59-2345311 Applied For Not Applicable  
 6. CERTIFICATE OF STATUS DESIRED  **\$8.75 Additional Fee required for a Certificate of Status**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. City & State Zip Country

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
President	Robert W. White	1333 Adventure Way	Melbourne, Fl, 32940
Sec/Treas	Thomas E. White	1472 Regal Ct.	Kissimmee, Fl, 34744

700002855467-6  
 -04/28/99-01094-025  
 \*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

Thomas E. White  
1472 Regal Ct.  
Kissimmee, Fl. 34744

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc \_\_\_\_\_  
 City \_\_\_\_\_ State FL Zip Code \_\_\_\_\_

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 [Signature]  
 REGISTERED AGENT MUST SIGN

Date 4-9-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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 612, 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 612.0401, 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)(g), 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]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Thomas E. White Sec/Treas.

4-9-99 407-847-3800  
 Date Digital Phone #

CDE081 12-98