
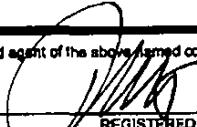
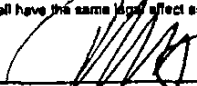


# G63157

**FILED**  
08 AUG 15 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| <b>CORPORATION REINSTATEMENT</b>  |                                   |  |  | FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
|---|-----------------------------------|---|--|---|--|
| <b>DOCUMENT # G63157</b>  |                                   |   |  |   |  |
| 1. Corporation Name<br>TRJ ENTERPRISES, INC.  |                                   |   |  |   |  |
| 2. Principal Office Address - No P.O. Box #<br>6136 WATERFIELD WAY<br>Suits, Apt. #, etc.   |                                   |   | 3. Mailing Office Address<br>SAME<br>Suits, Apt. #, etc. |   |  |
| City & State<br>ST. CLOUD, FL   |                                   |   | City & State   |   |  |
| Zip<br>34771  | Country                           | Zip   | Country  |   |  |
| 4. Date incorporated or Qualified To Do Business in Florida 9/27/1983   |                                   |   |  |   |  |
| 5. FEI Number<br>59-2345311   |                                   |   |  | Applied For<br><input type="checkbox"/> Not Applicable                        |  |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 Additional fee required for a Certificate of Status   |                                   |   |  |   |  |
| 7. Name and Address of Current Registered Agent   |                                   |   |  |   |  |
| Name<br>THOMAS E. WHITE   |                                   |   |  |   |  |
| Street Address (P.O. Box Number is Not Acceptable)<br>6136 WATERFIELD WAY   |                                   |   |  |   |  |
| Suits, Apt. #, Etc.   |                                   |   |  |   |  |
| City<br>ST. CLOUD   |                                   |   | State<br>FL  | Zip Code<br>34771   |  |
| 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<br>  |                                   |   |  | Date 5/15/2008  |  |
| REGISTERED AGENT MUST SIGN  |                                   |   |  |   |  |
| 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 Officer and/or Director                                    |  | City / State / Zip  |  |
| P   | ROBERT W. WHITE                   | 512 SOUTHERN HILLS CT.  |  | MELBOURNE, FL 32940   |  |
| ST  | THOMAS E. WHITE                   | 6136 WATERFIELD WAY   |  | ST. CLOUD, FL 34771   |  |
|   |                                   |   |  |   |  |
|   |                                   |   |  |   |  |
|   |                                   |   |  |   |  |
| 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: THOMAS E. WHITE<br>   |                                   |   |  | 5/15/2008 407-847-3800  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                   |   |  | Date Daytime Phone #  |  |

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CR2E081 (12/07)

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.

Reinst - 05-08 DC  
8/19/08