PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 DEC 23 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M39407**

1 Corporation Name

TJM-SLM REAL ESTATE, INC.

Principal Place of Business	Mailing Address
4800 N FEDERAL HWY 3RD FLOOR ~~5154 NORTH FEDERAL HWY~~ FT. LAUDERDALE FL 33308 US	4800 N FEDERAL HWY 3RD FLOOR ~~5154 NORTH FEDERAL HWY~~ FT. LAUDERDALE FL 33308 US

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
4800 N. Federal Hwy	4800 No. Federal Hwy
Suite, Apt. #, etc.: 3rd Floor	Suite, Apt. #, etc.: 3rd Floor
City & State: Ft. Lauderdale, Fl	City & State: Ft. Lauderdale, Fl
Zip: 33308 Country: USA	Zip: 33308 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/02/1986

5. FEI Number: 65-0001543 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	MATTHEWS, TERENCE J.	4800 N FEDERAL HWY 3RD FLOOR	FT. LAUDERDALE FL
SD	MATTHEWS, SARA L.	4800 N FEDERAL HWY 3RD FLOOR	FT. LAUDERDALE FL
VM	CONWAY, DOLORES A.	4800 N FEDERAL HWY 3RD FLOOR	FT. LAUDERDALE FL

800002035938--7
12/24/96--01085--016
****375.00 ****375.00

REINSTATEMENT 12/23

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MATTHEWS, TERENCE J. ~~5154 NORTH FEDERAL HWY~~ FT. LAUDERDALE FL 33308	Name: Street Address (P.O. Box Number is Not Acceptable): 4800 No. Federal Hwy Suite, Apt. #, Etc.: 3rd Floor City: Ft. Lauderdale State: FL Zip Code: 33308

CR2E040 (7/96)

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: Terence J. Matthews — Date: 11/25/96
REGISTERED AGENT MUST SIGN

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: Terence J. Matthews — 11/25/96 — (954) 771-7108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: TERENCE J. MATTHEWS — Date — Daytime Phone #

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