


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 17 PM 1:01

DOCUMENT # 200000001997

1. Corporation Name
TJ Truss Corporation

2. Principal Office Address
2900 Industrial 33rd
Suite, Apt. #, etc.

3. Mailing Office Address
2900 Industrial 33rd
Suite, Apt. #, etc.

City & State
Ft. Pierce, Fl.

City & State
Ft. Pierce, Fl.

Zip Country
34946 USA

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34946 USA

4. Date Incorporated or Qualified To Do Business in Florida... 1-4-2000

5. FEI Number 65-0972106 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 01

7. Name and Address of Current Registered Agent

Name Corpamerica, Inc.

Street Address (P.O. Box Number is Not Acceptable)
416 SE 15 Street

Suite, Apt. #, Etc.

City Ft. Lauderdale State FL Zip Code 33316

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****758.75 ***758.75

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 [Signature] Date October 31, 2001

REGISTERED AGENT MUST SIGN Lyn Stiley, Asst. Secretary

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
Pres.	<u>James White</u>	<u>557 Port St. Wm Blvd.</u>	<u>PSL, Fl. 34984</u>
Vice Pres.	<u>Travis White</u>	<u>2149 SE Floresta Dr.</u>	<u>PSL, Fl. 34984</u>

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] Travis J. White Date 10-30-2001 Daytime Phone # 561-466-3388

CR2001 (8/00)