

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAR -7 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000624017

1. Corporation Name

TJM Enterprises, Inc.

2. Principal Office Address

3800 S. Ocean Dr

3. Mailing Office Address

3800 S. Ocean Dr

Suite, Apt. #, etc.

#216

Suite, Apt. #, etc.

#216

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33019

Country

Broward

Zip

33019

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

3/8/2000

5. FEI Number

65-1123218

Applied For

Not Applicable

6.



Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Mopsick

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

777 Glades Road

Suite, Apt. #, Etc.

#200

City

Boca Raton

300005179983-8

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****750.00 ****750.00

State

FL

Zip Code

33434

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

Michael Mopsick

Date

3/6/02

REGISTERED AGENT MUST SIGN

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
PTD	JEFFREY-Postal	3800 S. Ocean Dr. #216	Hollywood, FL 33019
VSD	Mindy Postal	3800 S. Ocean Dr. #216	Hollywood, FL 33019

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:

Jeffrey Postal

JEFF Postal

Date

3/6/02

Daytime Phone #

954-458-7828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)