

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<br>3800 S. Ocean Dr |                    | 3. Mailing Office Address<br>3800 S. Ocean Dr |                    |
| Suite, Apt. #, etc.<br>#216                     |                    | Suite, Apt. #, etc.<br>#216                   |                    |
| City & State<br>Hollywood, FL                   |                    | City & State<br>Hollywood, FL                 |                    |
| Zip<br>33019                                    | Country<br>Broward | Zip<br>33019                                  | Country<br>Broward |

01-02  
4/24/01 90232 040 \$150

|   |  |
|---|--|
| 4. Date Incorporated or Qualified To Do Business in Florida | 3/8/2000   |
| 5. FEI Number   | 65-1123218   |
| Applied For   | Not Applicable   |
| 6.  | <input type="checkbox"/> Additional Fee required for a Certificate of Status |

7. Name and Address of Current Registered Agent

|   |             |
|---|-------------|
| Name<br>Michael Mopsick   |             |
| Street Address (P.O. Box Number is Not Acceptable)<br>777 Glades Road |             |
| Suite, Apt. #, Etc.<br>#200   |             |
| City<br>Boca Raton  | State<br>FL |
| Zip Code<br>33434   |             |

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-04/01/02--01064--028  
\*\*\*\*750.00 \*\*\*\*50.00

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: 3/6/02 954-458-7828  
SIGNATURE (NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Daytime Phone #

CR2E081 (9/01)