

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR .4 PM 3:00

DOCUMENT # P02000029260

1. Corporation Name

TLGJ Properties, Inc.

2. Principal Office Address

1850 SW 8St.

Suite, Apt. #, etc.

311

City & State

Miami FL.

Zip

33135

Country

USA

3. Mailing Office Address

1850 SW 8 St.

Suite, Apt. #, etc.

311

City & State

Miami FL.

Zip

33135

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/11/2002

5. FEI Number

01-0648112

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas Germain

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

1026 Pine Branch Ct.

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

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

Thomas Germain

REGISTERED AGENT MUST SIGN

Date 02/26/2004

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
VP	Estelle Germain	1026 Pine Branch Ct.	Weston FL. 33326
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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:

Estelle Germain
ESTELLE GERMAIN

02/26/2004

(954) 384-1020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

Date: Feb26, 2004

TLGJ Properties Inc.
1850 NW 8 St suite 311
Miami FL. 33135
Phone (305)644-0200
Fax (305) 644-9997

Florida department of state
Division of Corporations

Sir

Enclosed please find, a corporation reinstatement, a check for \$150.00 for the year 2004 and a check for \$8.75 for a certificate of status. In 2003 the fee was paid. I am told by your office that the form was returned to us for correction, unfortunately we did not receive it. We have made the appropriate correction and are hoping that the reinstatement would take place as soon as possible.

Sincerely

Thomas L. Germain Sr.

President TLGJ-Properties-Inc.