

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 25 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P.O 20000 44973

1. Corporation Name

T.J. Morales Inc.

400073995004

05/04/06--01024--010 **600.00

REINSTATEMENT

CR2E081 (12/05)

2. Principal Office Address

3778 Senegal Circle

Suite, Apt. #, etc.

3. Mailing Office Address

3778 Senegal Circle

Suite, Apt. #, etc.

City & State

Oviedo, Florida

City & State

Oviedo, Florida

Zip

32765

Country

U.S.A.

Zip

32765

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

April 19, 2002

5. FEI Number

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

Tammy K. Morales

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

3778 Senegal Circle

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

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

Tammy K. Morales

REGISTERED AGENT MUST SIGN

Date

4-20-06

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.	Tammy K. Morales	3778 Senegal Circle	Oviedo, Florida 32765
Vice Pres.	Joseph P. Morales	3778 Senegal Circle	Oviedo, Florida 32765

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 contained in Chapter 119, 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:

Tammy K. Morales Tammy K. Morales 4-20-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 312 0779

B. Mitchell APR 26 2006

2 of 2

Tammy Morales
3778 Senegal Circle
Oviedo, Florida, 32765
April 21, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida, 32314

To Whom It May Concern:

I did not receive annual report notices in 2003 and would like to request a waiver of reinstatement fees. Thank you in advance for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "T. Morales", written in black ink.

Tammy Morales
President T.J. Morales Inc.