

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000097107

1. Corporation Name

TJ'S ASSISTANT CARE SERVICE INC.

Principal Place of Business

4990 CORALWOOD DR.
NAPLES FL

Mailing Address

4990 CORALWOOD DR.
NAPLES FL

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2002

5. FEI Number

75-3066986

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	JAMES, THELMA M	4990 CORALWOOD DR.	NAPLES FL

300023908023
10/17/03--01060--011 **150.00

8. Name and Address of Current Registered Agent

JAMES, THELMA M
4990 CORALWOOD DR.
NAPLES FL

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Thelma M. James

Date

REGISTERED AGENT MUST SIGN

11. 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

Thelma M. James

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

T.J's Assistant Care Services Inc
Thelma James
4990 Coral Wood Dr
Naples FL 34119
(239) 352-8086

FL Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

To whom it may concern,

I am writing on the fact that i
didn't know anything about files
for UBR. This was my first notices
I am now aware of what I have to
do. So please process my Applicant
for reinstatement. I have inclosed
a money order for \$150.00
Any ? (239) 352-8086

Thanks for your help!

Thelma M James
owner