PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations		FILED 14 JAN 27 PM 12: 25			
1. Corporation Name PO200000139 T.C. Jam Inc			SECRETARY OF STATE PARIMANASSEE FLORIDA			
Principal Office Address - No P.O. Box # 3. Mailing Office Address						
1436 SR 436 Suite, Apt. #, etc.	1/33 Pine Sop et		CR2E081 (11/10)			
Suite 1000 State City & State			Date Incorporated or Qualified To Do Business in Florida			
	155elberry Fl Oclando, Fl		5. FEI Number Applied For Not Applicable			
Zip Country Seminale	Zip	Country	H 1418-5.2964 Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required			
32707 Seminole	32875	Drange	for a Certificate of Status			
7. Name and Address	of Current Registered Agen	1				
Debbie Mastin Street Address (P.O. Box Number is Not Acceptable)						
Street Address (P.O. Box Number is Not Acceptable) 1/33 Pine Sap J				400255167054 01/02/1401012012 **750.00		
Suite, Apr. #, Etc.						
Corlando State Zip code FL 32825						
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 Mester President			Date 12-31-13			
REGISTERED AGENT MUST SIGN						
Names and Street Addresses of Each Officer ar	nd/or Director (Florida nonpro			- · · · · · · · · · · · · · · · · · · ·		
	Name of Street Address of Officers and/or Directors Officer and/or Directors					
President Debbie Mastin 1133 Pini Supet on				25 Orlando,	F132825	
Vice Presided Debbie mashi 1133 Pine Sape		L Oplando, A 32825				
Secretary Debbie Mo.	cretary Debbie Mashii 1133 Pini Sapo		+ Oclardo, F1 32825			
,	li l					
REINSTATEMI				2013	AN 2 8 2014	
				L.	SELLERS	
10. E-mail Address:				<u></u>		
(To be used for future annual report notification) [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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.						
SIGNATURE: Ul blue Mastin Debbie Mastin 12:31-13 DESIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date 31-13 Day Office Printed HAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF THE PRINTED HAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED HAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED HAME OF THE PRINTED HAME OF SIGNING OFFICER OR DESCRIPTION OF THE PRINTED HAME OFFICER OR DESCRIPTION OFFICER OR DESCRIPTION OFFICER OR DESCRIPTION OF THE						