

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

OCT -3 AM 9:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 739717
1. Corporation Name
GJT, Incorporated

2. Principal Office Address
400 E Hamilton Rd
Suite, Apt. #, etc.
City & State
DeLand, FL
Zip
32724 Country
US

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
City & State
Zip
32724 Country

4. Date Incorporated or Qualified To Do Business in Florida
1989

5. FEI Number
72-1121196 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

2000-01
JMM

7. Name and Address of Current Registered Agent

Name
Gary J Tesserero

Street Address (P.O. Box Number is Not Acceptable)
1052 Torchwood Drive

Suite, Apt. #, Etc.

City
DeLand State
FL Zip Code
32724

10000464203
-10/18/01--01067-006
****900.00 ****300.00

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 Mary Tesserero Date 9/27/01
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
P	Gary J. Tesserero	1052 Torchwood Dr	DeLand, FL 32724
S	Dena S. Hunter	5735 James St	DeLeon Springs, FL 32130
V	Wade M. Bastick	100 E Kentucky Ave E106	DeLand, FL 32724

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: Dena S. Hunter Dena S. Hunter 9/27/01 (386) 734-9323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)