

P39717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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01/17/08  
Adopting  
Alternative  
Name for  
FL.  
DC

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08 JAN 16 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2008

GARY TESSERO  
G.J.T., INC.  
400 E. HAMILTON AVE.  
DELAND, FL 32724

SUBJECT: G.J.T., INC.  
Ref. Number: P39717

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is no longer available in Florida. You must file a Resolution by the Board of Directors to adopt an alternate name for use in Florida. Enclosed is a form for your convenience. The fee to file the Resolution is \$35.00.

In order to complete your filing, both the reinstatement application and Resolution by the Board of Directors must be submitted together with the applicable fees for processing.

THE NEW NAME CHOSEN IS ALSO NOT AVAILABLE. SEE ATTACHED PRINTOUT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 808A00001121

RECEIVED  
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TALLAHASSEE, FLORIDA

2008 JAN 16 AM 8:00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned GARY J. TESSERO, do hereby certify  
(Name)

that this Resolution of the Board of Directors of G. J. T., INC.

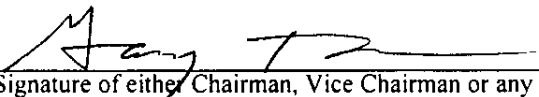
(Corporate Name)

a corporation duly organized and existing under the laws of the State of LOUISIANA,  
was duly adopted on DECEMBER 26, 2007.

Be it resolved, that G. J. T., INC.,  
(Corporate Name)

organized and existing in the State of LOUISIANA, hereby adopts the name  
CRESCENT CARDS, INC. for use in Florida.

Dated: 1/11/08

  
Signature of either Chairman, Vice Chairman or any officer

GARY J. TESSERO  
Type or print name

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


08 JAN 16 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500115378625  
01/17/08--01006--003 \*\*158.75

CR2E081 (1/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P39717

1. Corporation Name

**G.J.T., INC.**

2. Principal Office Address - No P.O. Box #  
**400 E. Hamilton Ave**

3. Mailing Office Address  
**400 E. Hamilton Ave**

Suite, Apt. #, etc.  
**B**

Suite, Apt. #, etc.  
**B**

City & State  
**DeLand**

City & State  
**DeLand**

Zip Country  
**32724 USA**

Zip Country  
**32724 USA**

4. Date Incorporated or Qualified To Do Business in Florida **7/21/1992**

5. FEI Number **72-1121196** 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  
**Gary Tessero**

Street Address (P.O. Box Number is Not Acceptable)  
**400 E. Hamilton Ave**

Suite, Apt. #, Etc.  
**B**

City State Zip Code  
**DeLand FL 32724**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Gary Tessero*  
REGISTERED AGENT MUST SIGN

Date **December 13, 2007**

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 Tessero	400 E. Hamilton Ave	DeLand, FL 32724

*Reinst. 05-08 DC 01-17-08*

300113299243  
12/20/07--01009--018 \*\*450.00

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 807 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 118, 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: *Gary Tessero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/13/2007**  
Date

**386-738-4343**  
Daytime Phone #