PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 99 REINSTATEMENT

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

FILED
99 NOV 16 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000027604

1. Corporation Name

J.T.J.R. CORPORATION

Principal Place of Business	Mailing Address
824 HALIFAX DR KISSIMMEE FL 34758 US	824 HALIFAX DR KISSIMMEE FL 34758 US

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 04/12/1993 SP

5. FEI Number: 65-0400217 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ [redacted]

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	WAWRZYNIAK, CAROL	824 HALIFAX DR	KISSIMMEE FL 34758

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~~12/06/99--01013--017~~
****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
POTTER, RONALD G ~~56 NW 8 STREET~~ ~~HOMESTEAD FL 33030~~	Name Street Address (P.O. Box Number is Not Acceptable): 390 TEQUESTA DRIVE Suite, Apt. #, Etc.: SUITE A City: TEQUESTA State: FL Zip Code: 33969

Ronald S. Potter

CR2E040 (9/98)

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.

Signature of Registered Agent: ~~Carol Wawrzyniak~~ REQUIRED Date: 10-21-99

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: Carol Wawrzyniak REQUIRED Carol Wawrzyniak 10-21-99 (407) 518-1425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0086381 AF