

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 APR 11 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000027604**

1. Corporation Name
J.T.J.R. CORPORATION

2. Principal Office Address
824 HALIFAX DRIVE
Suite, Apt. #, etc.

3. Mailing Office Address
824 HALIFAX DRIVE
Suite, Apt. #, etc.

City & State
KISSIMMEE, FLORIDA
Zip **34758** Country **USA**

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KISSIMMEE, FLORIDA
Zip **34758** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida **4/12/1993**
5. FEI Number **65-0400217**
Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

0102

7. Name and Address of Current Registered Agent

Name **ROBERT D. KEOUGH, ESQUIRE**
Street Address (P.O. Box Number is Not Acceptable) **514 EAST COLONIAL DRIVE**
Suite, Apt. #, Etc.
City **ORLANDO**
State **FL** Zip Code **32802**
200005419032--5
-05/02/02--01007--017
*****900.00 *****900.00
200005419032--5
-05/02/02--01007--018
*****8.75 *****8.75

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 **ROBERT D. KEOUGH** REGISTERED AGENT MUST SIGN Date **April 10, 2002**

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
D	WAWRZNIAK, CAROL	824 Halifax Drive	Kissimmee, Fl. 34758

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: **Carol Wawrzniak** Date **4/10/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CAROL WAWRZNIAK, DIRECTOR** Daytime Phone #

CR2E081 (9/01)