

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

City & State

KISSIMMEE, FLORIDA

Zip

34758

Country

USA

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROL WAWRZNIAK, DIRECTOR

4/10/02

Date

Daytime Phone #

CR2E081 (9/01)