

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000033370

1. Corporation Name

T-J'S FAMILY FUN CENTER, INC.

2. Principal Office Address

401 S. Volusia Ave

Suite, Apt. #, etc.

City & State

Orange City, FL

Zip

32763

Country

Volusia

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

T. Roberts NOV 03 2005
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5/6/93

5. FEI Number

59-3193776

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

Thomas J. Brady

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

296 Hazeltine Rd.

Suite, Apt. #, Etc.

City

DeBary

State

FL

Zip Code

32713

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

Thomas J. Brady
REGISTERED AGENT MUST SIGN

Date 11/1/05

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
PO	Thomas J. Brady	296 Hazeltine Rd	DeBary, FL 32713

600061110376
11/02/05--01029--018 **900.00

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 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

Thomas J. Brady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/05 3867753181

Daytime Phone #