

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 - No P.O. Box #

401 S. Volusia Avenue

Suite, Apt. #, etc.

City & State

Orange City, Florida

Zip

32763

Country

US

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 6, 1993

5. FEI Number

593193776

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

Kim C. Booker

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

1019 Town Center Drive

Suite, Apt. #, Etc.

201

City

Orange City

State

FL

Zip Code

32763

☐ 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

REGISTERED AGENT MUST SIGN

Date December 7, 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
PD	Thomas J. Brady	296 Hazeltine Road	DeBary, Florida 32713
			500112998935 12/10/07--01052--018 **750.00
			500112998935 12/10/07--01052--019 **158.75

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 contained in Chapter 119, 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

December 7, 2007

Date

Daytime Phone #

386-473-6131

FILED
2007 DEC 10 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2E081-1/07