PLEASE HEAI	O ALL INSTRUCTI	ONS BEFORE	1 9 abdual constant and		
APPLICATION FOR REINSTATEMENT	Sandra F Secreta	RTMENT OF STAT Mortham y of State CORPORATIONS	E COMPLETING T	APPROVEU AND FILED	
DOCUMENT # P930000 400 38			97 JUL 18 PM 12: 36		
1. Corporation Name T.P. J. INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business	Mailing Address		_		
Maples FL 3391, If above addresses are incorrect in any way look		-	BERROTATI	WENT 95-97	
If above addresses are incorrect in any way, line through incorrect information and a 2. New Principal Office Address, if Applicable 3. New Mailing Office Address		enter correction below. ess. If Applicable	4. Date incorporated or Our	Pro-	
Suite. Apt. #. etc. Suite. Apt. #, etc.			To Do Business in Florida		
City & State City & State			5. FEI Number	Applied For Not Applicable	
Z _I p Country	1	ountry	6. CERTIFICATE OF STATUS D		
7. Names and Street Addresses of Each Officer and/ Trille(s) Name of Officers and/or Directors		street Address of Each Officer and/or Director Title Post Office Box Nu		City / State / Zip	
PRIS DUME KNOWN		of Princip A	2	olis FL 339412	
			900002 -07/22 ***10	244379-1 /9701124011 80.00 ***1080.00	
6. Name and Address of Current Re-			Pl	21/97	
	9. Name	9. Name and Address of New Registered Agent			
OVANA KNORR 4484 ARNOID PME MODIOS FL 33942		Street Address (P.O. Box Number is Not Acceptable)			
<u> </u>		Suite, Apt. #, Etc.	City State 17in Code		
10. I, being appointed the registered agent of the above of Signature of Registered Agent REGIS	named corporation, am familiar v	vith and accept the obligat	tions of Section 607.0505, F.S.	5/2A/97	
11. Does this corporation pay any Dept. of Revenue under S. 19		ne utes. Yes	No [] (Se	ee other side for information	
12. I certify that I am an officer or director or the receiver of this reinstatement application, the reason for dissolution owed by the corporation have been paid and the rapid on this application is true and accurate, and provinced the results of the receiver of the reason for dissolution over the receiver of the reason for dissolution over the receiver of the reason for the receiver of the reason for the	r trustee empowered to execute	this sonlication as provide		S. I further certify that when filing 1 or 617.0401, F.S., that all fees 3)(i). F.S. The information indicated	
SIGNATURE: SIGNATURE AND TYPE OUT PRINTED	PANYW NAME OF SIGNING OFFICER OR D	HRECTOR	5/20/47 Date	941 - 597-5983 Daytime Phone #	