

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

97 JUL 22 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION 95-97-22	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **9930000584775**

1. Corporation Name

T&J OPERATING Company

W97-15085

Principal Place of Business

Mailing Address

**5585 o/s Hwy
MARATHON, FL. 33050**

**P.O. Box 1226
MARATHON, FL. 33050**

800002251738--9

-07/23/97--01134--019

*****565.00 ***565.00**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0454309

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Tim A. Gilmore	1045 100th St.	MARATHON, FL. 33050
D	Judith Gilmore	1045 100th St.	MARATHON, FL. 33050

8. Name and Address of Current Registered Agent

TIMOTHY K. ANDERSON
613 U.S. Hwy 1
Suite 408
N. PALM BEACH, FL. 33408

9. Name and Address of New Registered Agent

Name

Tim A. Gilmore

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

1045 100th St.

Suite, Apt. #, Etc.

City

MARATHON

State

FL

Zip Code

33050

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Tim A. Gilmore

REGISTERED AGENT MUST SIGN

Date

7/16/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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:

Tim A. Gilmore **Tim A. Gilmore**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/30/97

Daytime Phone #

3057435534

CR2E240 (12/96)