

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000013872**

1. Corporation Name

TAJ FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

**2502 N ROCKY POINT DR
SUITE 745
TAMPA FL 33607**

**2502 N ROCKY POINT DR
SUITE 745
TAMPA FL 33607**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**708 CORAL REEF DR
TAMPA FL
33602 Hillsborough USA**

4. Date Incorporated or Qualified To Do Business in Florida

02/17/1995

5. FEI Number

59-329 8558

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	MCLEISH, GLENFORD GLENFORD	5-7 RUTHEN RD APT 33B HOLRUTH C	KINGSTON 10 JAMAICA, W.I.
D	DALEY, AUSTIN Delete	6502 N 34 ST Delete	TAMPA FL 33610
ADD Director P/C/D	WILBER JURDINE	708 CORAL REEF DR TAMPA, FL 33602	
ADD D/S	EATON PARKINS	821 BLACKBERRY LANE	BRANDON FL 33511

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DALEY, AUSTIN
6502 N 34 ST
TAMPA FL 33610**

Name

WILBER JURDINE

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

708 CORAL REEF DR

Suite, Apt. #, Etc.

City

TAMPA

State

Zip Code

FL

33602

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

REGISTERED AGENT MUST SIGN

Date **9/19/96**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EATON, S. PARKINS

9/19/96

813-282-1233

Daytime Phone #

CR2E040 (7/96)