

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 APR -1 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000034808

1. Corporation Name

TJ ENTERPRISES OF THE TREASURE COAST, INC.

Principal Place of Business

Mailing Address

1101 SW PINETREE LANE
PALM CITY, FL 34990

600002131096--0
-04/02/97--01042--011
****915.00 ****915.00

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

2. New Principal Office Address, If Applicable

1101 SW PINETREE LANE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1101 SW PINETREE LANE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/95

P95000034808

5. FEI Number

59-3318067

Applied For

Not Applicable

City & State

PALM CITY, FL

City & State

PALM CITY, FL

Zip 34990

Country US

Zip 34990

Country US

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
PRES.	TERRY M CLARK	1101 SW PINETREE LANE	PALM CITY, FL 34990

REINSTATEMENT

8. Name and Address of Current Registered Agent

TERRY M. CLARK
1101 SW PINETREE LANE
PALM CITY, FL 34990

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Terry Clark

REGISTERED AGENT MUST SIGN

Date 3/31/97

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: Terry Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/97 561 781-0531
Date Daytime Phone

CR2E040 (12/96)