

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC -7 PM 6:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000076115

1. Corporation Name

TERJOE CORPORATION

Principal Place of Business

P.O. BOX 695  
380 PARK AVENUE  
BOCA GRANDE FL 33921

Mailing Address

PO BOX 695  
BOCA GRANDE FL 33921



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

2. New Principal Office Address, If Applicable

13799 Palmetto Pt.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

13799 Palmetto Pt.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/03/1995

5. FEI Number

65-0621713

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	MARTZ, THERESA	PO BOX 695 N/A, (360 PARK AVE.)	BOCA GRANDE FL 33921
P/VP/3 TD	Martz, Theresa	13799 Palmetto Pt	Port Charlotte, FL 33905
			3000002707953--9 -12/09/98--01105--020 ***750.00 ***750.00

REINSTATEMENT

9/8/98 B12/8/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ITTERSAGEN, SCOTT D  
1861 PLACIDA RD.  
SUITE 204  
ENGLEWOOD FL 34223

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

*Scott D. ITERSAGEN*  
REGISTERED AGENT MUST SIGN

Date

12/4/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*Theresa A. Martz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/3/98

Daytime Phone #

941-764-6284

CR20040 (9/98)