

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 # **P96000014952**

1. Corporation Name

T.Y.J.T. CORPORATION, INC.

Principal Place of Business

**15525 SW 138TH AVE
MIAMI FL 33177**

Mailing Address

**15525 SW 138TH AVE
MIAMI FL 33177**

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

2. New Principal Office Address, If Applicable

**28931 S. Dixie Hwy
Suite, Apt. #, etc.**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/1996

5. FEI Number

65-0642729

Applied For

Not Applicable

City & State
NO MESTAD, FL.

City & State

Zip Country

33033 2407

Zip Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DP	SUAREZ, TERESA	15525 SW 138TH AVE	MIAMI FL 33177
DV	SUAREZ, JOSE A	15525 SW 138TH AVE	MIAMI FL 33177
DS	SUAREZ, YVETTE	15525 SW 138TH AVE	MIAMI FL 33177

REINSTATEMENT

**97168
12/12/97**

8. Name and Address of Current Registered Agent

**SAUREZ, TERESA SUAREZ, TERESA
15525 SW 138TH AVE
MIAMI FL 33177**

9. Name and Address of New Registered Agent

Name **7000002374147--6**
-12/16/97--01116--022
Street Address (P.O. Box Number is Not Applicable) ******750.00 ****750.00**
Suite, Apt. #, Etc.
City State Zip Code
FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12-8-97**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-8-97 305-244-4600
Date Daytime Phone #