

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 JAN -4 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 7970000 68841

1. Corporation Name

TJH, INC.
2875 N.E. 191 STREET, PH 3A
AVENTURA, FL 33180

2. Principal Office Address

2875 N.E. 191 STREET, PH 3A

Suite, Apt. #, etc.

PH 3A

City & State

AVENTURA, FL

Zip

33180

Country

USA

3. Mailing Office Address

2875 N.E. 191 STREET, PH 3A

Suite, Apt. #, etc.

PH 3A

City & State

AVENTURA, FL

Zip

33180

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/7/1997

5. FEI Number

65-0936027

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK E. ROUSSO, ESQ.

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

2875 N.E. 191 STREET, PH 3A

Suite, Apt. #, Etc.

PH 3A

City

AVENTURA

State
FL

Zip Code

33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 12/26/00

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	JAMES W. HALL	2875 N.E. 191 STREET, PH 3A	AVENTURA, FL 33180

REINSTATEMENT

2000-01
[Signature]

10. 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

12/26/00
Date

(305) 466-0022
Daytime Phone #

CR2E081 (9/99)