

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 21 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000068841

1. Corporation Name

TJH, Inc.

2. Principal Office Address

1000 U.S. 1, North

Suite, Apt. #, etc.

#762

City & State

Jupiter, FL

Zip

33477

Country

USA

3. Mailing Office Address

1000 U.S. 1, North

Suite, Apt. #, etc.

#762

City & State

Jupiter, FL

Zip

33477

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/97

5. FEI Number

65-0936027

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

James W. Hall

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

1000 U.S. 1, North

Suite, Apt. #, Etc.

#762

City

Jupiter

State

FL

Zip Code

33477

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

James W. Hall **James W. Hall**

Date

11-19-02

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	1000 U.S. 1, North, #762	Jupiter, FL 33477

000009147210
11/21/02--01044--001 **750.00

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:

James W. Hall **James W. Hall**

Date

11-19-02

Daytime Phone #

561 436622

CR2E081 (9/01)

11/25