

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT 18 PM 1:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **PG1800003002**

1. Corporation Name

S. J. TALLAHASSEE, INC

2. Principal Office Address

301 S Bronough St

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32301

Country

US

3. Mailing Office Address

Po Box 10923

Suite, Apt. #, etc.

City & State

Tallahassee

Zip

FL 32302

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

**July 12
March 1998**

5. FEI Number

59 3192771

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

Ron Saunders

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

201 S Monroe St

Suite, Apt. #, Etc.

500

City

Tallahassee

State

FL

Zip Code

32301

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]

REGISTERED AGENT MUST SIGN

Date

10/18/2000

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
Pres	Ron Saunders	201 S Monroe St, Ste 500	Tallahassee FL 32301

REINSTATEMENT 00 TS

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]

RON SAUNDERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/00 850 222 8611

Daytime Phone #