

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 30 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000063703

1. Corporation Name

T & JC INC.

Principal Place of Business

11816 BAYFIELD DR  
BOCA RATON FL 33498

Mailing Address

11816 BAYFIELD DR  
BOCA RATON FL 33498

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

2. New Principal Office Address, If Applicable

11816 BAYFIELD DR.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

Zip

33498

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/20/1998

5. FEI Number

65-0850994

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	EINODER, PATRICIA	<del>23417 VISTA LINDA LANE</del> 11816 BAYFIELD DR.	BOCA RATON FL <del>33498</del> 33498

8. Name and Address of Current Registered Agent

EINODER, PATRICIA  
11816 BAYFIELD DRIVE  
BOCA RATON FL 33498

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

**Trade & Invest Consult Inc.**

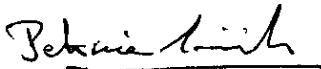
11816 Bayfield Dr. Boca Raton, Fl. 33498

12/27/2002

Mr. Jim Smith  
Secretary Department of State  
Division of Corporations  
FLORIDA DEPARTMENT OF STATE

Dear Mr. Smith

Our corporation did not receive the two prior UBR notices. According to your last notice please find attached a check of \$150 and the application for reinstatement form.



Patricia Einöder

President