

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 29 PM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000023177

1. Corporation Name

T.J. M. PROPERTY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

20831 NORTHEAST 2ND AVENUE
MIAMI FL 33179

20831 NORTHEAST 2ND AVENUE
MIAMI FL 33179

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

14620 NW 7TH AVE

Suite, Apt. #, etc.

14620 NW 7TH AVE

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33169

Country

DADE

Zip

33169

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1999

5. FEI Number

65-0903604

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	MOORE, TERRY J	14620 NW 7TH AVE	MIAMI FL 33169
SVD	MOORE, CYNTHIA L	14620 NW 7TH AVE	MIAMI FL 33169

000024262600
10/29/03--01081--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PASTRAN CPA'S
333 NE 8 ST
HOMESTEAD FL 33030

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

REGISTERED AGENT MUST SIGN

Date

10/24/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY J. MOORE

Date

Daytime Phone #

10/23/03

305-688-1785

CR2E040 (7/03)

2952

To: Florida Department of State
Division of Corporations

From: Terry Moore
T. J. M. Property Management, Inc.

Subject: Reinstatement of Corporation

This letter is to inform you that I am the owner of T. J. M. Property Management Inc. I did not receive your package for filing fees, so I mailed in copies of last year return to the state with payment for year 2003.

I was under the impression you had received my payment, also my business address has change so, I never received any notice indicating that you did not receive my paper work. The business establishment in my old location forward to me the mail they had received for my business. This is went I received the paper work stating that my corporation has been dissolved.

This is my new business address 14620 N. W. 7th Ave. Miami, Florida 33169 please send all mail to this address. I appreciations your corporation in this matter.

Thank you *Terry J. Moore*

