## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

👑 😘 Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

## P99000023177 DOCUMENT #

1. Corporation Name

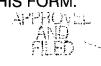
T.J. M. PROPERTY MANAGEMENT, INC.

Principal Place of Business

SIGNATURE

Mailing Address

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SECRETARY OF STATE PALLAHASSEE. FLORIDA

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	ddresses are incorrect in any way, line ncipal Office Address, If Applicable	formation and enter correction below.  ng Office Address, If Applicable		4. Date Incorporated or Qualified						
Cuite And III and						To Do Business in Florida 03/12/1999				
			Suite, Apt. #, etc. 4620 NW 7-7H AVE			5. FEI Numbe			oplied For	
City & State	mi FL.	City & State	City & State			65-0903604			ot Applicable	
33169 Country DA-DE		Zip 33169	Zip Country 33164 DA			CERTIFICATE OF STATUS DESIRED		\$8.75 Additiona for a Certifica		
	and Street Addresses of Each Officer ar	nd/or Director (Flo	rida nonpro	it corporations	must list at lea	st 3 directors)				
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director							
PT	MOORE, TERRY J	1462658605751HAME			MIAMI FL 33769					
SVD MOORE, CYNTHIA'L			14620 NW 7TH AVE			MIAMI FL 33169				
							-	<del>.</del>		
		000024262600 10/29/0301081003 **150.6					0			
						<u> </u>		*		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
	<del></del>			Na	me		_ <del></del>			
PASTRAN CPA'S 333 NE 8 ST				Street Address (P.C			O. Box Number is Not Acceptable)			
HOMESTEAD FL 33030				Suite, Apt. #, Etc.						
			City State Zip Code							
10. I, being Signature of Registered	appointed the registered agent of the a		eration, am f		d accept the ob	eligations of Secti	ion 607.0505, F.S. or 617.	/		
11. I certify	that I am an officer or director or the rec	eiver or trustee en	npowered to	execute this a	pplication as p	rovided for in cha	apter 607 or 617, F.S. I fur	ther certify that w	hen 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

To:

Florida Department of State

Division of Corporations

Terry Moore From:

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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 Tency J. mosne