

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 30 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000047254

1. Corporation Name

TJE PRODUCTIONS, INC.

Principal Place of Business

409 MONTGOMERY RD., STE. 155
ALTAMONTE SPRINGS FL 32714

Mailing Address

409 MONTGOMERY RD., STE. 155
ALTAMONTE SPRINGS FL 32714



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

NO CHANGE

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

P.O. Box 940849

City & State

MAITLAND, FL

Zip

32794-0849

Country

SEMINOLE

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/1999

5. FEI Number

59-3577967

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
D PRES	EMANSKI, THOMAS J	409 MONTGOMERY RD., STE. 155	ALTAMONTE SPRINGS FL 32714

~~9900003472859-3~~
-11/21/00--01075--011
****750.00 ****750.00

REINSTATEMENT 00 78

8. Name and Address of Current Registered Agent

JURGENS, J A
505 WEKIVA SPRINGS RD., STE. 800
LONGWOOD FL 32779

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/26/00

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

10/12/2000

Date

Daytime Phone #