

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000110190

1. Corporation Name

TGJ WEB SERVICES, INC.

Principal Place of Business

4500 LAKE TRUDY DR.
ST. CLOUD FL 34769

Mailing Address

4500 LAKE TRUDY DR.
ST. CLOUD FL 34769

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3614365

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

02 FEB 18 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



400005050644--9

-03/06/02--01064--005

750.00 *750.00

12/17/1999

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
P	SOKOLOVIC, JAMES	4500 LAKE TRUDY DR.	ST. CLOUD FL 34769
VP	SOKOLOVIC, TERESA	4500 LAKE TRUDY DR.	ST. CLOUD FL 34769
CFO	LISTORT, GLENN	520 S. HYER AVE.	ORLANDO FL 32801

900005050639--4

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150.00 *150.00

8. Name and Address of Current Registered Agent

SOKOLOVIC, JAMES
4500 LAKE TRUDY DR.
ST. CLOUD FL 34769

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 12/2/01

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
JAMES SOKOLOVIC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/2/01

Daytime Phone #

407 497 1968

CR2E046 (8/01)