

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 SEP 12 AM 10:59

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V32736

1. Corporation Name *LTJREE, INC.*

**LTJREE, INC.**

2. Principal Office Address - No P.O. Box #

805 Errol Parkway

Suite, Apt. #, etc.

3. Mailing Office Address

805 Errol Parkway

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32712

Country

USA

City & State

Apopka, FL

Zip

32712

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/30/1992

5. FEI Number

59-3125208

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Matthew S. Taylor

Street Address (P.O. Box Number is Not Acceptable)

805 Errol Parkway

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32712

000264284740  
09/12/14--01019--018 \*\*1500.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Matthew S. Taylor*

REGISTERED AGENT MUST SIGN

Date *8/26/14*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Matthew S. Taylor	805 Errol Parkway	Apopka, FL 32712

10. E-mail Address: *mtaylor.hoopers@gmail.com*

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

*Matthew S. Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/26/14*

Date

(407) 388-8036

Daytime Phone #

*C.S.*