

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG 26 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 98-02

DOCUMENT # P97000053345

1. Corporation Name
T2-J ENTERPRISES, INC.

2. Principal Office Address 300 NE 125th Street Suite, Apt. #, etc. APT #406		3. Mailing Office Address P.O. Box 11-0824 Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33146	Country USA	Zip 33146	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/16/97	Applied For Not Applicable
5. FEI Number 65-0757424	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: Peter L. Adams
Street Address (P.O. Box Number is Not Acceptable): 300 NE 125th STREET
Suite, Apt. #, Etc.: APT #406
City: NORTH MIAMI
State: FL Zip Code: 33146

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: Peter L. Adams
Date: 8/22/02
REGISTERED AGENT MUST SIGN

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
PE CEO	Peter L. Adams	300 NE 125th Street #406	Miami, FL 33146
VP General Manager	Terry R. Walker	9130 S. Figueroa St. #30	Los Angeles, CA 90003

10. 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: Peter L. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 8/22/02
Daytime Phone #: (305) 877-2264

CR2E081 (9/01)