

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 MAR -2 AM 11:05

SECRETARY OF STATE
STATE MANAGER, FLORIDA

DOCUMENT # **L15000081451**

1. Corporation Name

J TATLOOK DESIGN, LLC

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

12100 SW 69th CT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33156

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5.7.2015

5. FEI Number

47-4001319

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

300296205873
03/02/17-01014--023 **758.75
CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Robert R Bistry

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

12100 SW 69th CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33156

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

Robert R Bistry
REGISTERED AGENT MUST SIGN

Date

2/27/17

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
P	Jane T. Bistry	12100 SW 69th CT	MIAMI FL 33156
V	Robert Bistry	12100 SW 69th CT	MIAMI FL 33156

REINSTATEMENT

MAR 02 2017

R. HUNT

10. E-mail Address: **BBistry@built-form.net**

(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 807.0401 or 817.0401, 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:

Robert R Bistry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/27/17

Daytime Phone #

3059028629