

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 30 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25114

1. Corporation Name
JL OF VIRGINIA, INC.

Principal Place of Business

Mailing Address

20 E CLEMENTON RD
GIBBSBORO NJ 08026
US

20 E CLEMENTON RD
GIBBSBORO NJ 08026
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N/A

City & State

N/A

Zip

Country

Zip

Country

REINSTATEMENT 1999

4. Date Incorporated or Qualified To Do Business in Florida

07/10/1989

5. FEI Number

54-1097647

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDC	DRYKA, RONALD E RICHARD STANISHOUSE	20 E CLEMENTON RD	GIBBSBORO NJ 08026
DV	STOKES, RICHARD O	20 E CLEMENTON RD	GIBBSBORO NJ 08026
DS	ZIPPILLI, STEVEN	20 E CLEMENTON RD	GIBBSBORO NJ 08026
D	WALKER, MICHAEL	20 E CLEMENTON RD	GIBBSBORO NJ 08026
			600003071526--6 -12/15/99--01081--022 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Steven Zippilli
REGISTERED AGENT MUST SIGN

Date 10.28.99

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)(l), 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:

S.W. Zippilli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/99 (609) 346-8808
Daytime Phone #