

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 26 PM 3:06

DOCUMENT # 288569

1. Corporation Name

JLA, Inc.

2. Principal Office Address

208 N. Polk Drive

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34236

Country

USA

3. Mailing Office Address

208 N. Polk Drive

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34236

Country

USA

100004132321--2

-05/02/01--01045--021

***1385.00 ***1350.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/31/64

5. FEI Number

59-1087198

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

Stephen M. Martin

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

5300 South Florida Avenue

Suite, Apt. #, Etc.

Suite #1

City

Lakeland

State

FL

Zip Code

33813

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

Date 4/11/01

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
P	James L. Adams, Jr.	208 N. Polk Drive	Sarasota, FL 34236
VP	Stephen M. Martin	5300 S. Florida Av. Ste. 1	Lakeland, FL 33813
D	James L. Adams, Jr.	208 N. Polk Drive	Sarasota, FL 34236

REINSTATEMENT

97-01

LJS 5-2-01

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:

Stephen M. Martin

4/11/01

863-648-1517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)