

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 11 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 507983

1. Corporation Name

JULINGTON AMERICA INCORPORATED

2. Principal Office Address

9365 SW 89 TER #B

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34481

Country

US

3. Mailing Office Address

9365 SW 89 TER #B

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34481

Country

US

REINSTATEMENT

W-03

4. Date Incorporated or Qualified
To Do Business in Florida

7/28/1976

5. FEI Number

59-2691305

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

BARBARA L. MITOLA

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

9365 SW 89 TER #B

Suite, Apt. #, Etc.

City

Ocala FL

State

FL

Zip Code

34481

000020792830

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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

Barbara L. Mitola

REGISTERED AGENT MUST SIGN

Date

June 7, 2003

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
PRESIDENT	DANIEL W MITOLA JR	222 BLAIRE MORE BLVD #54	ORANGE PARK FL 32073
SECT. TREAS.	DANIEL W MITOLA	1491 KATHLEEN WAY	GREEN COVE SPRINGS FL 32043
DIRECTOR	RANDY L. ROGERS	495 MAJOR MAJOR	GREEN COVE SPRINGS FL 32043
		AUTHOR M MORE DR	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-03

Date

284-7601

Daytime Phone #

CR2081 (10/02)

g 6/12