

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # *Se 3771*

1. Corporation Name

Jog Hill Corporation

W99000017593

Principal Place of Business

**505 South Flagler Dr.
Suite 1010
West Palm Beach, FL
33401**

Mailing Address

**505 South Flagler Dr.
Suite 1010
West Palm Beach, FL
33401**

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

4. Date Incorporated or Qualified
To Do Business in Florida

4/5/78

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1820745

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	William G. Lassiter, Jr.	505 S. Flagler Dr. #1300	West Palm Beach, FL 33401
Sec.	Richard S. Johnson	505 S. Flagler Dr. #1010	West Palm Beach, FL 33401

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-08/13/99--01114--001
*****1200.00 ***1200.00**

8/31/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
William G. Lassiter, Jr.
Street Address (P.O. Box Number is Not Acceptable)
505 South Flagler Drive
Suite, Apt. #, Etc.
Suite 1300
City
West Palm Beach State **FL** Zip Code **33401**

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **7/16/99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax)

12. 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)(j), 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

[Signature]

Date

7/16/99

Daytime Phone #

CR2E001 (12/98)