236.25

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
03 APR -3 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01 000002320

1. Corporation Name
Jack and Jill of America Incorporated

REINSTATEMENT 02-03

2. Principal Office Address		**3.** Mailing Office Address	
1930 17th Street NW		1930 17th Street NW	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Washington DC		Washington DC	
Zip	Country	Zip	Country
20009	USA	20009	USA

4. Date Incorporated or Qualified To Do Business in Florida 28 August 1947

5. FEI Number 43-6051526 ☐ 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
C T Corporation Systems
000018448440
05/07/03--01043--001 **236.25

Street Address (P.O. Box Number is Not Acceptable)
1200 S Pine Island Road
000018448440
05/07/03--01043--002 **61.25

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

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 Susan L. Eldredge Date

REGISTERED AGENT MUST SIGN

Susan L. Eldredge
Asst. Secretary & V. President

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida for-profit 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	Ida L Younge	1930 17th Street NW	Washington DC 20009
Vice President	Alice Peoples	1930 17th Street NW	Washington DC 20009
Secretary	Linda Knight-Burkley	1930 17th Street NW	Washington DC 20009
Treasurer	Dayatra Baker-White	1930 17th Street NW	Washington DC 20009

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.

IDA L. Younge

SIGNATURE: Ida L. Younge 2/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 11/12/02 C T System Online