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 24 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000006584

1. Corporation Name

JILLIAN'S OF TAMPA, FL, INC.

Principal Place of Business	Mailing Address
1387 South Fourth St Louisville, KY 40208	

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. Suite 2200 Attn: P Greenwell
City & State	City & State Louisville, KY 40202
Zip / Country	Zip / Country 40202 / USA

4. Date Incorporated or Qualified To Do Business In Florida: Dec 3, 1998

5. FEI Number: 61-1337166 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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	Daniel M. Smith	1387 S 4th St	Louisville, KY 40208
Sec	Daniel M. Smith	1387 S 4th St	Louisville, KY 40208
Treas	Daniel M. Smith	1387 S 4th St	Louisville, KY 40208
Dir	Daniel M. Smith	1387 S 4th St	Louisville, KY 40208

8. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

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: Pamela L Simpson, AUTHORIZED REPRESENTATIVE Date: 11/22/99
REGISTERED AGENT MUST SIGN

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)(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.

200003053382--0

SIGNATURE: Pres. Daniel M. Smith 11/19/99 502-638-9008 TS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 481609 7149374

AUTHORIZATION : Patricia Pruitt

COST LIMIT : $ 758.75

ORDER DATE : November 15, 1999

ORDER TIME : 11:02 AM

ORDER NO. : 481609-140

CUSTOMER NO: 7149374

CUSTOMER: Janet N. Rawls, Legal Asst
SEILLER & HANDMAKER, LLP
SEILLER & HANDMAKER, LLP
Suite 2200, Meidinger Tower
462 S. 4th Avenue
Louisville, KY 40202

DOMESTIC FILING

NAME: JILLIAN'S OF TAMPA, FL, INC.

EFFECTIVE DATE:

XX___ ARTICLES OF REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Erika Carlson

EXAMINER'S INITIALS: TS