


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **H16182**

1. Corporation Name
JL UNLIMITED, INC.

FILED
01 OCT 22 AM 10: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

1000 PBIA - STE 108
WEST PALM BEACH FL 33406-1432
US

1000 P BIA
STE 108
WEST PALM BEACH FL 33406-1432
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **08/13/1984**

5. FEI Number **59-2456996**
Applied For
Not Applicable

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	4 City / State / Zip
P	HAYGOOD, JACQUELYN P.	1500 39 STREET	WEST PALM BEACH FL 33407
VT	PRESSEY, LOU ELLA	1676 W 10TH ST	RIVIERA BEACH FL 33404

1 00004669951 -- 7
-11/07/01--01003--014
***750.00 ***750.00

REINSTATEMENT 01 TS

8. Name and Address of Current Registered Agent

HAYGOOD, JACQUELYN P.
~~1500 39TH STREET~~ **3330 Embassy Drive**
West Palm Beach, Fl 33401

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 *Jacqueline P. Haygood* REGISTERED AGENT MUST SIGN Date **10/16/01**

11. 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: *Jacqueline P. Haygood* REGISTERED AGENT MUST SIGN Date **10/16/01** Daytime Phone # **(561) 684-1009**

CR26040 (8/01)