CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

(stamp, upper right) 09 NOV 25 PM 2:20 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # L05000033975

1. Corporation Name

Jill K. Roland, LLC

handwritten: 04

7001631356647
11/25/09--01017--017 **238.75

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 14941 Bald Eagle Dr.	**3.** Mailing Office Address same
Suite. Apt. #, etc.	Suite, Apt. #, etc.
City & State Fort Myers, Florida	City & State
Zip 33912 — Country USA	Zip — Country

4. Date Incorporated or Qualified To Do Business in Florida 04/07/2005

5. FEI Number 76078847b   ☐ 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
Jill K. Millins

Street Address (P.O. Box Number Is Not Acceptable)
1258 Burtwood Drive

Suite, Apt. #, Etc.

City Fort Myers   State FL   Zip Code 33901

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____   Date _____
REGISTERED AGENT MUST SIGN

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
MGR	Jill K. Millins	1258 Burtwood Drive	Fort Myers, FL 33901
		REINSTATEMENT 2009	

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 contained in Chapter 119, 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: _Jill K. Millins_ Jill K. Millins   239-

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