

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 23 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000046598

1. Corporation Name

JLLJ, INC.

Principal Place of Business

1060 HOLLAND DRIVE
SUITE 3C
BOCA RATON FL 33487

Mailing Address

1060 HOLLAND DRIVE
SUITE 3C
BOCA RATON FL 33487

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.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/2000

5. FEI Number

65-1014706

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FREDMAN, LANE	1060 HOLLAND DRIVE SUITE 3C	BOCA RATON FL 33487
VPD	GOOD, JEFFREY	1060 HOLLAND DRIVE SUITE 3C	BOCA RATON FL 33487
SD	MACEIRA, JOSEPH	1060 HOLLAND DRIVE SUITE 3C	BOCA RATON FL 33487
TD	NEBINZAH, JAMES E	1060 HOLLAND DRIVE SUITE 3C	BOCA RATON FL 33487

8. Name and Address of Current Registered Agent

WINIKOFF, JEFFREY A
4875 NORTH FEDERAL HIGHWAY
SEVENTH FLOOR
FORT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name: JOSEPH MACEIRA
Street Address (P.O. Box Number is Not Acceptable): 1060 Holland Drive Suite 3C
Suite, Apt. #, Etc.:
City: Boca Raton State: FL Zip Code: 33487

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Joseph Maceira
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

Joseph Maceira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02 561-241-2722
Date Daytime Phone #